

# DISABILITY INSURANCE PREMIUM CHART

Policy Tracker & Payment Schedule

Policy #: \_\_\_\_\_  
Year: 2024

DUE DATE	DESCRIPTION	AMOUNT DUE	DATE PAID	REF / CONF #	PAID
Jan 01	Monthly Premium	\$245.00			
Feb 01	Monthly Premium	\$245.00			
Mar 01	Monthly Premium	\$245.00			
Apr 01	Monthly Premium	\$245.00			
May 01	Monthly Premium	\$245.00			
Jun 01	Monthly Premium	\$245.00			

ANNUAL TOTAL

**\$2,940.00**

ELIMINATION PERIOD

**90 Days**

BENEFIT PERIOD

**To Age 65**

## NOTES & CARRIER CONTACT