

# MONONA GROVE SCHOOL DISTRICT

## Short Term Disability Rates

Weekly Benefit Amount	Monthly Premium
\$147	\$11.46
\$175	\$13.36
\$224	\$17.18
\$273	\$21.02
\$301	\$22.92
\$357*	\$27.38
\$420*	\$31.86
\$462*	\$35.04
\$504*	\$38.22
\$580*	\$43.96
\$667*	\$50.55
\$767*	\$58.13
\$882*	\$66.85
\$1,014*	\$76.88
\$1,166*	\$88.41
\$1,341*	\$101.67
\$1,500*	\$116.92

\*To be eligible for these benefit levels, you must provide evidence of insurability by answering a health questionnaire and meeting medical requirements.

Note: If applying outside of the 30 day new hire window, evidence of insurability is required along with an application.