ShelterPoint Life's DBL/PFL & Enriched Options - 2024

Paid Family Leave

Statutory Paid Family Leave coverage as mandated by the State of New York¹

	PFL Rate⁵
Employee's contribution as % of annualized NYSAWW*	0.373%
Capped at	\$333.25 /yr

*NY Department of Labor releases the updated NY Average Weekly Wage (NYSAWW) on or about March 31. The current NYSAWW applicable to 2024: \$1,718.15 = \$89,343.80 per year.

E-Pay

Your clients can pay their policy premiums for DBL/PFL & BaseLine Insurance conveniently online 24/7!



Look for this icon on our home page or visit www.shelterpoint.com/epay

Statutory DBL

Statutory short-term disability insurance as mandated by the State of New York¹

Tier ²	billed annua	Statutory DBL billed annually in advance ³ monthly rate annual premium		Statutory DBL billed quarterly ⁴ monthly rate annual premium	
male	\$1.50	\$18.00	\$1.85	\$22.20	
female	\$3.25	\$39.00	\$3.90	\$46.80	
	In-hospital DBL		In-hos	pital DBL	
male	\$1.65	\$19.80	\$1.95	\$23.40	
female	\$3.55	\$42.60	\$4.25	\$51.00	

Adding in-hospital coverage may increase the maximum benefit to **\$340/week!**⁶

1.5-times DBL

1.5-times DBL pays 50% of salary (just like Statutory DBL) to a **maximum benefit of \$255/week.**1

Tier ²	billed annua	mes DBL ally in advance ³ annual premium	1.5-times DBL billed quarterly ⁴ monthly rate annual premium	
male	\$2.10	\$25.20	\$2.45	\$29.40
female	\$4.35	\$52.20	\$5.25	\$63.00
	1.5x & In-hospital DBL		1.5x & In-h	ospital DBL
male	\$2.25	\$27.00	\$2.60	\$31.20
female	\$4.75	\$57.00	\$5.70	\$68.40

Adding in-hospital coverage may increase the maximum benefit to **\$425/week!**⁶

2-times DBL

2-times DBL pays 50% of salary (just like Statutory DBL) to a **maximum benefit of \$340/week.**¹

Tier ²	ier ² 2-times DBL billed annually in advance ³ monthly rate annual premium		billed o	es DBL Juarterly ⁴ annual premiun
male	\$2.55	\$30.60	\$3.15	\$37.80
female	\$5.60	\$67.20	\$6.70	\$80.40
	2x & In-hospital DBL		2x & In-ho	ospital DBL
male	\$2.75	\$33.00	\$3.30	\$39.60
female	\$6.00	\$72.00	\$7.20	\$86.40

Adding in-hospital coverage may increase the maximum benefit to \$510/week!6

3-times DBL

3-times DBL pays 50% of salary (just like Statutory DBL) to a maximum benefit of \$510/week.¹

Tier ²	3-times DBL billed annually in advance ³ monthly rate annual premium		billed annually in advance ³ billed quarterly ⁴		ıuarterly ⁴
male	\$3.90	\$46.80	\$4.75	\$57.00	
female	\$8.55	\$102.60	\$10.20	\$122.40	
	3x & In-hospital DBL		3x & In-ho	ospital DBL	
male	\$4.15	\$49.80	\$4.95	\$59.40	
female	\$9.00	\$108.00	\$10.75	\$129.00	

Adding in-hospital coverage may increase the maximum benefit to \$680/week!6

4-times DBL

4-times DBL pays 50% of salary (just like Statutory DBL) to a maximum benefit of \$680/week.¹

Tier ²	billed annua	nes DBL ally in advance ³ annual premium	4-times DBL billed quarterly ⁴ monthly rate annual premium	
male	\$7.60	\$91.20	\$9.25 \$111.00	
female	\$16.65	\$199.80	\$19.80	\$237.60
	4x & In-hospital DBL		4x & In-ho	spital DBL
male	\$8.40	\$100.80	\$9.45	\$113.40
female	\$17.15	\$205.80	\$20.40	\$244.80

Adding in-hospital coverage may increase the maximum benefit to \$850/week!6

5-times DBL

5-times DBL pays 50% of salary (just like Statutory DBL) to a **maximum benefit of \$850/week.**¹

billed annua	ally in advance ³	5-times DBL billed quarterly ⁴ monthly rate annual premium	
\$9.75	\$117.00	\$11.90	\$142.80
\$21.40	\$256.80	\$25.50	\$306.00
5x & In-hospital DBL		5x & In-h	ospital DBL
\$10.80	\$129.60	\$12.10	\$145.20
\$21.90	\$262.80	\$26.05	\$312.60
	\$9.75 \$21.40 5x & In-h	\$21.40 \$256.80 5x & In-hospital DBL \$10.80 \$129.60	billed annually in advance3 monthly rate billed of monthly rate \$9.75 \$117.00 \$11.90 \$21.40 \$256.80 \$25.50 5x & In-hospital DBL 5x & In-hospital DBL \$12.10

Adding in-hospital coverage may increase the maximum benefit to **\$1020/week!**⁶

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Rates are for groups of 1-49 lives. DBL rates effective 01/2021.

¹DBL benefits have a statutory 7-day waiting period and no waiting period is required for PFL benefits. |²Proprietors/partners and voluntary insureds (with at least one employee) may also apply for coverage at the time of initial application or on the policy anniversary at the respective rates above. | ³monthly per capita rates with DBL annual minimum premium of \$125 | ⁴ Monthly per capita rates with a quarterly minimum premium of \$35 | ⁵ PFL premiums are not included in the DBL premium. For DBL policies with minimum premium, and PFL are in addition to the DBL minimum premium. | ⁵The DBL In-hospital benefit is only payable while an employee is hospital-confined. | ¹Rates as released by the New York State Department of Financial Services on 08/30/23 and may be adjusted on an annual basis by September 1st of each year for the following calendar year.

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