Appendix 7.13.c.

**UNIVERSITY OF TENNESSEE**
**Account Number: 50973**

**EXEMPT LONG TERM DISABILITY**
**GROUP INSURANCE PREMIUM STATEMENT**
**COVERAGE MONTH: October 2015**

| Coverage Plan | Employees Insured | Benefits Salary | Premium Calculation | Premium |
|---|---|---|---|---|
| Plan A | 692 | 4,756,949.15 | 0.295 | $ 14,033.00 |
| Plan B | 898 | 6,781,028.00 | 0.250 | $ 16,952.57 |
| Plan C | 1,090 | 8,139,052.17 | 0.230 | $ 18,719.82 |
| Plan AA | 660 | 3,932,037.14 | 0.350 | $ 13,762.13 |
| | | | Total: | $ 63,467.52 |

**NON-EXEMPT LONG TERM DISABILITY**
**GROUP INSURANCE PREMIUM STATEMENT**
**COVERAGE MONTH: October 2015**

| Coverage Plan | Employees Insured | Benefits Salary | Premium Calculation | Premium |
|---|---|---|---|---|
| Plan 1 | 159 | 436,149.25 | .335 | $ 1,461.10 |
| Plan 2 | 266 | 748,035.52 | .366 | $ 2,737.81 |
| Plan 3 | 72 | 199,657.14 | .385 | $ 768.68 |
| Plan 4 | 646 | 1,846,054.55 | .440 | $ 8,122.64 |
| Plan 0 | 443 | 1,227,068.09 | .235 | $ 2,883.61 |
| | | | TOTAL | $ 15,973.84 |

**September 2015 Remittance Total**

| | |
|---|---|
| **Exempt Total:** | **$63,467.52** |
| **Non Exempt Total:** | **$15,973.84** |
| | **$79,441.36** |