

CFMEU GOONYELLA RIVERSIDE GROUP INSURANCE PREMIUM RATES

Effective 01/02/2024 to 01/02/2025

14 Day Waiting Period

Weekly Benefit	Age <30	Age 30-39	Age 40-49	Age 50-59	Age 60-64	Age 65-69
\$ 1,300.00	\$ 34.45	\$ 40.17	\$ 55.90	\$ 66.95	\$ 74.75	\$ 64.35
\$ 1,400.00	\$ 37.10	\$ 43.26	\$ 60.20	\$ 72.10	\$ 80.50	\$ 69.30
\$ 1,500.00	\$ 39.75	\$ 46.35	\$ 64.50	\$ 77.25	\$ 86.25	\$ 74.25
\$ 1,600.00	\$ 42.40	\$ 49.44	\$ 68.80	\$ 82.40	\$ 92.00	\$ 79.20
\$ 1,700.00	\$ 45.05	\$ 52.53	\$ 73.10	\$ 87.55	\$ 97.75	\$ 84.15
\$ 1,800.00	\$ 47.70	\$ 55.62	\$ 77.40	\$ 92.70	\$ 103.50	\$ 89.10
\$ 1,900.00	\$ 50.35	\$ 58.71	\$ 81.70	\$ 97.85	\$ 109.25	\$ 94.05
\$ 2,000.00	\$ 53.00	\$ 61.80	\$ 86.00	\$ 103.00	\$ 115.00	\$ 99.00
\$ 2,100.00	\$ 55.65	\$ 64.89	\$ 90.30	\$ 108.15	\$ 120.75	\$ 103.95
\$ 2,200.00	\$ 58.30	\$ 67.98	\$ 94.60	\$ 113.30	\$ 126.50	\$ 108.90
\$ 2,300.00	\$ 60.95	\$ 71.07	\$ 98.90	\$ 118.45	\$ 132.25	\$ 113.85

Optional Life Cover \$200,000 is an additional \$19.45 but only available to age 65

28 Day Waiting Period

Weekly Benefit	Age <30	Age 30-39	Age 40-49	Age 50-59	Age 60-64	Age 65-69
\$ 1,300.00	\$ 31.01	\$ 36.15	\$ 50.31	\$ 60.26	\$ 67.28	\$ 57.92
\$ 1,400.00	\$ 33.39	\$ 38.93	\$ 54.18	\$ 64.89	\$ 72.45	\$ 62.37
\$ 1,500.00	\$ 35.78	\$ 41.72	\$ 58.05	\$ 69.53	\$ 77.63	\$ 66.83
\$ 1,600.00	\$ 38.16	\$ 44.50	\$ 61.92	\$ 74.16	\$ 82.80	\$ 71.28
\$ 1,700.00	\$ 40.55	\$ 47.28	\$ 65.79	\$ 78.80	\$ 87.98	\$ 75.74
\$ 1,800.00	\$ 42.93	\$ 50.06	\$ 69.66	\$ 83.43	\$ 93.15	\$ 80.19
\$ 1,900.00	\$ 45.32	\$ 52.84	\$ 73.53	\$ 88.07	\$ 98.33	\$ 84.65
\$ 2,000.00	\$ 47.70	\$ 55.62	\$ 77.40	\$ 92.70	\$ 103.50	\$ 89.10
\$ 2,100.00	\$ 50.09	\$ 58.40	\$ 81.27	\$ 97.34	\$ 108.68	\$ 93.56
\$ 2,200.00	\$ 52.47	\$ 61.18	\$ 85.14	\$ 101.97	\$ 113.85	\$ 98.01
\$ 2,300.00	\$ 54.86	\$ 63.96	\$ 89.01	\$ 106.61	\$ 119.03	\$ 102.47

Optional Life Cover \$200,000 is an additional \$19.45 but only available to age 65

Note: Premium options include weekly, fortnightly, and monthly.