A Mutual of Omaha Company $% f(x) = \int f(x) \, dx$

GROUP VOLUNTARY SHORT-TERM DISABILITY CERTIFICATE SUMMARY



This summary describes some of the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. A person is not necessarily entitled to insurance because he or she received this summary. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This summary was published on January 27, 2025.

POLICY INFORMATION

Policyholder: Policy Effective Date: Policy Anniversary: Policy Number: Group Number: Classification: Minimum Work Hours Required: Eligibility Present Waiting Period: Eligibility Future Waiting Period: When Insurance Begins:

Elimination Period: Injury: Sickness:

BENEFITS

Weekly Benefit Percentage: Maximum Weekly Benefit: Minimum Weekly Benefit: Maximum Benefit Period: Portability: Reasonable Accommodation Benefit:

Vocational Rehabilitation Benefit:

LIMITATION

Pre-existing Condition Limitation:

Motive Power January 1, 2025 January 1 GUC-CMTG G000CMTG All Eligible Employees 30 hours per week 60 day 60 day The first day of the month that follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.

7 calendar days 7 calendar days

60% \$2,000 \$25 12 weeks Included The lesser of 100% for covered services expenses, \$1,000 or an amount equal to the total Gross Weekly Benefit. 5%

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