

# UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

## 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 December 4, 2023.

### POLICY INFORMATION

Policyholder:	EAH
Policy Effective Date:	January 1, 2022
Policy Anniversary:	January 1
Policy Number:	GUC-AHQ9
Group Number:	G000AHQ9
Classification:	All Eligible Employees
Eligibility Present Waiting Period:	30 day
Eligibility Future Waiting Period:	30 day
When Insurance Begins:	The first day of the month that coincides with or follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	
Injury:	7 calendar days
Sickness:	7 calendar days

### BENEFITS

Weekly Benefit Percentage:	25%
Maximum Weekly Benefit:	\$1,500
Maximum Benefit Period:	12 weeks
Conversion:	Included
Reasonable Accommodation Benefit:	The lesser of 100% for covered services expenses, \$1,000 or an amount equal to the total Gross Weekly Benefit.
Vocational Rehabilitation Benefit:	5%

### LIMITATION

Pre-existing Condition Limitation:	3/6
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