## **UNITED OF OMAHA LIFE INSURANCE COMPANY**

A MUTUAL of OMAHA COMPANY

# **GROUP LONG-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 May 11, 2017.

#### POLICY INFORMATION

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

**Elimination Period:** 

#### BENEFITS

Monthly Benefit Percentage: Maximum Monthly Benefit: Minimum Monthly Benefit: Maximum Benefit Period:

Own Occupation Definition: Survivor Benefit: Vocational Rehabilitation Benefit: Barre Supervisory Union July 1, 2017 GLTD-B5L5 G000B5L5 All Eligible Employees 18 hours per week none none the first day of the month that follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate. 90 calendar days

60% \$6,500 \$100	
Age at Disability	Maximum Benefit Period
61 or less	to age 65, Your SSNRA, or
	3 years and 6 months,
	whichever is longest;
62	Your SSNRA, or 3 years
	and 6 months, whichever
	is longer;
63	Your SSNRA, or 3 years,
	whichever is longer;
64	Your SSNRA, or 2 years
	and 6 months, whichever
	is longer;
65	2 years;
66	1 year and 9 months;
67	1 year and 6 months;
68	1 year and 3 months;
69 or older	1 year.
2 years	
3 months	
10%	

### LIMITATIONS/EXCLUSIONS

Pre-existing Condition Exclusion: 3/12