UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

GROUP VOLUNTARY 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 September 8, 2022.

POLICY INFORMATION

Vocational Rehabilitation Benefit:

Policyholder:	Shelby County	
Policy Effective Date:	January 1, 2020	
Policy Anniversary:	October 1 GUPR-AH8F G000AH8F All Eligible Employees 30 hours per week	
Policy Number:		
Group Number:		
Classification:		
Minimum Work Hours Required:		
Eligibility Present Waiting Period:	60 days	
Eligibility Future Waiting Period:	60 days	
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:	The later of: a) 90 calendar days; or b) the date Your short-term Disability ends.	
BENEFITS		
Monthly Benefit Percentage:	60%	
Maximum Monthly Benefit:	\$6,000	
Minimum Monthly Benefit:	\$100	
Maximum Benefit Period:	Age at Disability	Maximum Benefit Period
	61 or less	<u> </u>
		3 years and 6 months,
		whichever is longest;
	62	, ,
		and 6 months, whichever
		is longer;
	63	
	6.4	whichever is longer;
	64	, ,
		and 6 months, whichever
	(5	is longer;
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	68	
Own Occupation Definition:	69 or older	
Own Occupation Definition: Survivor Benefit:	2 years 3 months	
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Voluntary 10%

LIMITATIONS/EXCLUSIONS

Alcohol/Drug Abuse/Substance Abuse Limitation: 24 months Mental Disorder Limitation: 24 months Pre-existing Condition Exclusion: 12/12