UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

GROUP TERM LIFE Certificate Summary



This summary describes 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. The capitalization of a term not normally capitalized according to standard punctuation rules indicates a word or phrase that is a defined term in the Certificate. 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 July 13, 2016.

POLICY INFORMATION

Policyholder: Wyman Gordon Policy Effective Date: July 1, 2016 Policy Number: GLUG-B2SD Class(es): All Eligible Salaried Employees

Policy Anniversary: July 1 Group Number: G000B2SD

ELIGIBILITY

You (the Employee) must be performing the normal duties of Your regular job for the Policyholder on a regular and continuous basis 40 or more hours each week to be eligible for insurance.

WHEN INSURANCE BEGINS

An eligible Employee will become insured on the first day of the month that follows the day the Employee becomes eligible, subject to certain conditions (as described in the Exceptions to When Insurance Begins provision in the Certificate).

Additional eligibility conditions apply as described in the Certificate.

BENEFIT AMOUNT(S)

Insurance for You (The Employee)

Your amount of life insurance is an amount equal to 2 times Your Annual Earnings, but in no event less than \$10,000 or more than \$350,000. Your amount of life insurance will be rounded to the next higher multiple of \$1,000.

Your amount of accidental death and dismemberment (AD&D) insurance is equal to Your amount of life insurance.

If You have questions regarding the amount of Your insurance, You may contact the Policyholder.

FEATURE(S)

Living Benefits

In the event You incur a Terminal Condition while insured under the Policy, You, Your Spouse or Your legal representative may submit a Written Request for an advance payment of part of Your life insurance death benefit. The maximum amount of Living Benefits available is 50% of the amount of life insurance for You in effect at the time of the request or \$100,000, whichever is less.

Continuation of Insurance for Layoff or Leave, Injury or Sickness, or Partial Disability

You may be able to continue insurance from the day You cease to be Actively Working, subject to certain conditions.

Continuation of Insurance for Total Disability with Waiver of Premium

You may be able to continue insurance for You from the day You cease to be Actively Working due to Your Total Disability, subject to certain conditions.

Conversion

If group life insurance ends or the benefit reduces, You may apply for an individual policy of life insurance, subject to certain conditions.

EXCLUSION(S)

Several exclusions apply to the accidental death and dismemberment (AD&D) benefits as described in the Certificate.