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 July 13, 2016.

Wyman Gordon

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:	July 1, 2016 July 1 GLTD-B2SD G000B2SD All Eligible Employees 40 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. The later of: a) 180 calendar days; or b) the date Your short-term Disability ends.	
BENEFITS		
Monthly Benefit Percentage: Maximum Monthly Benefit:	60% \$7,500	
Minimum Monthly Benefit:	\$100	
Maximum Benefit Period:	Age at Disability	Maximum Benefit Period
	61 or less	to age 65, Your SSNRA, or 3 years and 6 months, whichever is longest;
	62	
	63	
	64	Your SSNRA, or 2 years and 6 months, whichever
	65 66	3 /
	67	
	68	
	69 or older	
Own Occupation Definition:	2 years	-
Survivor Benefit:	3 months	
Vocational Rehabilitation Benefit:	5%	

LIMITATIONS/EXCLUSIONS

Alcohol/Drug Abuse/Substance Abuse Limitation: 24 months Mental Disorder Limitation: 24 months Pre-existing Condition Exclusion: 3/12