UNITED OF OMAHA LIFE INSURANCE COMPANY

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GROUP 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 April 2, 2019.

POLICY INFORMATION

Policyholder:	Taylor Data Systems, Inc.
Policy Effective Date:	April 1, 2019
Policy Anniversary:	April 1
Policy Number:	GUG-BJDZ
Group Number:	G000BJDZ
Classification:	All Eligible Employees excluding Owner(s)
Minimum Work Hours Required:	32 hours per week
Eligibility Present Waiting Period:	None
Eligibility Future Waiting Period:	None
When Insurance Begins:	the first day of the month that follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.

Elimination Period:

Injury:	0 calendar days
Sickness:	7 calendar days

BENEFITS

Weekly Benefit Percentage:	60%
Maximum Weekly Benefit:	$750
Maximum Benefit Period:	26 weeks
Vocational Rehabilitation Benefit:	5%