

# 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 June 29, 2017.

### POLICY INFORMATION

Policyholder:	Rogers Townsend & Thomas, PC
Policy Effective Date:	July 1, 2017
Policy Anniversary:	July 1
Policy Number:	GUPR-B6QN
Group Number:	G000B6QN
Classification:	All Eligible Attorneys
Minimum Work Hours Required:	40 hours per week
Eligibility Present Waiting Period:	30 days
Eligibility Future Waiting Period:	30 days
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:	The later of: a) 90 calendar days; or b) the date Your short-term Disability ends.

### BENEFITS

Monthly Benefit Percentage:	60%																				
Maximum Monthly Benefit:	\$10,000																				
Minimum Monthly Benefit:	\$100																				
Maximum Benefit Period:	<table><thead><tr><th>Age at Disability</th><th>Maximum Benefit Period</th></tr></thead><tbody><tr><td>61 or less.....</td><td>to age 65, Your SSNRA, or 3 years and 6 months, whichever is longest;</td></tr><tr><td>62.....</td><td>Your SSNRA, or 3 years and 6 months, whichever is longer;</td></tr><tr><td>63.....</td><td>Your SSNRA, or 3 years, whichever is longer;</td></tr><tr><td>64.....</td><td>Your SSNRA, or 2 years and 6 months, whichever is longer;</td></tr><tr><td>65.....</td><td>2 years;</td></tr><tr><td>66.....</td><td>1 year and 9 months;</td></tr><tr><td>67.....</td><td>1 year and 6 months;</td></tr><tr><td>68.....</td><td>1 year and 3 months;</td></tr><tr><td>69 or older.....</td><td>1 year.</td></tr></tbody></table>	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.
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Own Occupation Definition:	Own-Occupation to 65																				
Childcare Benefit:	Included																				
Enhanced Disability Benefit:	20%																				
Survivor Benefit:	3 months																				

Vocational Rehabilitation Benefit:

Voluntary 10%

**LIMITATIONS/EXCLUSIONS**

Alcohol/Drug Abuse/Substance Abuse Limitation: 24 months

Mental Disorder Limitation: 24 months

Pre-existing Condition Exclusion: 12/12