## 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 November 1, 2018.

## **POLICY INFORMATION**

Policyholder:	Bates Batteries dba Batteries Plus	
Policy Effective Date:	December 1, 2016	
Policy Anniversary:	December 1	
Policy Number:	GUPR-B455	
Group Number:	G000B455	
Classification:	All Eligible Employees	
Minimum Work Hours Required:	30 hours per week	
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	
	BENEFITS	
Monthly Benefit Percentage:	60%	
Maximum Monthly Benefit:	\$5,000	
Minimum Monthly Benefit:	\$100	
Maximum Benefit Period:	Age at Disability	<b>Maximum Benefit Period</b>
	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	
		whichever is longer;
	64	Your SSNRA, or 2 years and 6 months, whichever
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	69 or older	1 year.
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: 12/12