A Mutual of Omaha Company $% f(x) = \int f(x) \, dx$

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: 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:

BENEFITS

Monthly Benefit Percentage: Maximum Monthly Benefit: Minimum Monthly Benefit: Maximum Benefit Period:

Own Occupation Definition: Childcare Benefit: Enhanced Disability Benefit: Survivor Benefit: Vocational Rehabilitation Benefit:

LIMITATIONS/EXCLUSIONS

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

Rogers Townsend & Thomas, PC July 1, 2017 July 1 GUPR-B6QN G000B6QN All Other Eligible Employees Electing the VLTD Low Plan 40 hours per week 30 days 30 days 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) 90 calendar days; or
- b) the date Your short-term Disability ends.

60%	
\$8,000	
\$100/10%	
Age at Disability	Maximum Benefit Period
Under 65	5 years;
65 through 68	to age 70;
69 and over	1 year.
2 years	
Included	
20%	
3 months	
Voluntary 10%	