## 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 August 19, 2019.

## **POLICY INFORMATION**

Policyholder:	Metropolitan Community College	
Policy Effective Date:	September 1, 2019	
Policy Anniversary:	September 1	
Policy Number:	GLTD-BL3Y	
Group Number:	G000BL3Y	
Classification:	All Eligible ACF Employees	
Minimum Work Hours Required:	30 hours per week	
Eligibility Present Waiting Period:	31 days	
Eligibility Future Waiting Period:	31 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%/70% All-Source	
Maximum Monthly Benefit:	\$8,500	
Minimum Monthly Benefit:	\$100/10%	
Maximum Benefit Period:	Age at Disability	Maximum Benefit Period
	61 or less	
		3 years and 6 months,
		whichever is longest;
	62	
		and 6 months, whichever
		is longer;
	63	
		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.
Own Occupation Definition:		
Family Care Benefit:	Included	
Retirement Income Protection:	17% not to exceed \$5,000	
Survivor Benefit:	6 months	

Vocational Rehabilitation Benefit: Voluntary 10%

LIMITATIONS/EXCLUSIONS

Pre-existing Condition Exclusion: 3/12