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.

Metropolitan Community College

POLICY INFORMATION

Policyholder:

Policy Effective Date:	September 1, 2019	
Policy Anniversary:	September 1	
Policy Number:	GLTD-BL3Y	
Group Number:	G000BL3Y	
Classification:	All Eligible Non 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	
	Elimination Period:	The later of:
a) 90 calendar days; or		
b) the date Your short-term Disability ends.		
BENEFITS		
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Monthly Benefit Percentage:	60%/70% All-Source	
Maximum Monthly Benefit:	\$8,500	
Minimum Monthly Benefit:	\$100/10%	Marrian Danasit Daniad
Maximum Benefit Period:	Age at Disability	Maximum Benefit Period
	61 or less	to age 65, Your SSNRA, or
		3 years and 6 months,
	62	whichever is longest; Your SSNRA, or 3 years
	02	and 6 months, whichever
		is longer;
	63	Your SSNRA, or 3 years,
	03	whichever is longer;
	64	Your SSNRA, or 2 years
	04	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:	3 years	<i>y</i>
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