

# UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

## GROUP SHORT-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 May 22, 2023.

### POLICY INFORMATION

Policyholder:	Schupan & Sons, Inc.
Policy Effective Date:	January 1, 2022
Policy Anniversary:	January 1
Policy Number:	GUG-BYVY
Group Number:	G000BYVY
Classification:	All Eligible Employees
Minimum Work Hours Required:	30 hours per week
Eligibility Present Waiting Period:	None
Eligibility Future Waiting Period:	None
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:	
Injury:	14 calendar days
Sickness:	14 calendar days

### BENEFITS

Weekly Benefit Percentage:	70%
Maximum Weekly Benefit:	\$1,250
Minimum Weekly Benefit:	\$25
Maximum Benefit Period:	11 weeks
Reasonable Accommodation Benefit:	The lesser of 100% for covered services expenses, \$1,000 or an amount equal to the total Gross Weekly Benefit.
Vocational Rehabilitation Benefit:	5%