

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

GROUP VOLUNTARY 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 July 31, 2025.

POLICY INFORMATION

Policyholder:	Heard County Board of Commissioners dba Heard County BOC
Policy Effective Date:	July 1, 2025
Policy Anniversary:	July 1
Policy Number:	GUC-CRM2
Group Number:	G000CRM2
Classification:	All Eligible Employees electing 60% of Salary Benefit, \$1000 Max 30/30/9
Minimum Work Hours Required:	30 hours per week
Eligibility Present Waiting Period:	60 day
Eligibility Future Waiting Period:	60 day
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:	
Injury:	30 calendar days
Sickness:	30 calendar days

BENEFITS

Weekly Benefit Percentage:	60%
Maximum Weekly Benefit:	\$1,000
Minimum Weekly Benefit:	\$25
Maximum Benefit Period:	9 weeks
Portability:	Included
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%

LIMITATION

Pre-existing Condition Limitation:	3/6 months
------------------------------------	------------