UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

GROUP LONG-TERM DISABILITY CERTIFICATE SUMMARY

Own Occupation Definition:

Cobra Premium Reimbursement:

Childcare Benefit:



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 27, 2018.

DOLLOV INFORMATION		
POLICY INFORMATION		
Policyholder:	Wilkes University	
Policy Effective Date:	August 1, 2018	
Policy Anniversary:	August 1	
Policy Number:	GLTD-BDNP	
Group Number:	G000BDNP	
Classification:	All Eligible Employees Participating in an Annuity	
	Retirement Program with Proof of Prior LTD Coverage	
Minimum Work Hours Required:	35 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:	The later of:	
	a) 180 calendar days; or	
	b) the date Your short-term	Disability ends.
BENEFITS		
Monthly Benefit Percentage:	60%	
Maximum Monthly Benefit:	\$10,000	
Minimum Monthly Benefit:	\$100/10%	
Maximum Benefit Period:	Age at Disability	Maximum Benefit Period
	61 or less	to age 65, Your SSNRA, or
		3 years and 6 months,
		whichever is longest;
	62	Your SSNRA, or 3 years
		and 6 months, whichever
		is longer;
	63	Your SSNRA, or 3 years,
		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.....

2 years

Included

\$400 for 12 months

1 year.

Minimum Indemnity: Included Portability: Included

Retirement Income Protection: 15% not to exceed \$2,500

Survivor Benefit: 3 months
Vocational Rehabilitation Benefit: Voluntary 10%

LIMITATIONS/EXCLUSIONS

Alcohol/Drug Abuse/Substance Abuse Limitation: 24 months Mental Disorder Limitation: 24 months Pre-existing Condition Exclusion: 3/12