## 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 27, 2018.

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 Not Partic	cipating in an Annuity
	Retirement Program	
Minimum Work Hours Required:	35 hours per week	
Eligibility Present Waiting Period:	1 year	
Eligibility Future Waiting Period:	1 year	
When Insurance Begins:	the first day of the month that coincides with or follows the	
	day the Employee becomes eligib	le. Additional eligibility
	conditions apply as described in the	he 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	1 year.

Own Occupation Definition: Childcare Benefit:

Cobra Premium Reimbursement:

2 years Included

\$400 for 12 months

Minimum Indemnity:IncludedPortability:IncludedSurvivor Benefit:3 monthsVocational 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