

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 December 7, 2021.

POLICY INFORMATION

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|-------------------------------------|---|
| Policyholder: | Cardington Yutaka Technologies, Inc. |
| Policy Effective Date: | April 1, 2012 |
| Policy Anniversary: | April 1 |
| Policy Number: | GLTD-AL1W |
| Group Number: | G000AL1W |
| Classification: | All Eligible Salaried 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: | The later of: a) 180 calendar days; or b) the date Your short-term Disability ends. |

BENEFITS

| Monthly Benefit Percentage: | 60% | | | | | | | | |
|------------------------------------|--|-------------------|------------------------|---------------|----------|--------------------|------------|------------------|---------|
| Maximum Monthly Benefit: | \$4,000 | | | | | | | | |
| Minimum Monthly Benefit: | \$100/10% | | | | | | | | |
| Maximum Benefit Period: | <table><thead><tr><th>Age at Disability</th><th>Maximum Benefit Period</th></tr></thead><tbody><tr><td>Under 65.....</td><td>5 years;</td></tr><tr><td>65 through 68.....</td><td>to age 70;</td></tr><tr><td>69 and over.....</td><td>1 year.</td></tr></tbody></table> | Age at Disability | Maximum Benefit Period | Under 65..... | 5 years; | 65 through 68..... | to age 70; | 69 and over..... | 1 year. |
| Age at Disability | Maximum Benefit Period | | | | | | | | |
| Under 65..... | 5 years; | | | | | | | | |
| 65 through 68..... | to age 70; | | | | | | | | |
| 69 and over..... | 1 year. | | | | | | | | |
| Own Occupation Definition: | 2 years | | | | | | | | |
| Survivor Benefit: | 6 months | | | | | | | | |
| Vocational Rehabilitation Benefit: | 5% | | | | | | | | |

LIMITATIONS/EXCLUSIONS

| | |
|--|-----------|
| Alcohol/Drug Abuse/Substance Abuse Limitation: | 24 months |
| Mental Disorder Limitation: | 24 months |
| Self-Reported Symptoms Limitation: | 24 months |
| Specific Conditions Limitation: | 24 months |
| Pre-existing Condition Exclusion: | 3/12 |

