

# 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 December 7, 2021.

### POLICY INFORMATION

Policyholder:	Cardington Yutaka Technologies, Inc.
Policy Effective Date:	April 1, 2014
Policy Anniversary:	April 1
Policy Number:	GUC-AL1W
Group Number:	G000AL1W
Classification:	All Eligible Hourly 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:	7 calendar days
Sickness:	7 calendar days

### BENEFITS

Weekly Benefit Percentage:	20%
Maximum Weekly Benefit:	\$500
Maximum Benefit Period:	25 weeks
Portability:	Included
Survivor Benefit:	Included
Vocational Rehabilitation Benefit:	5%

### LIMITATION

Pre-existing Condition Exclusion:	3/6
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