UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

GROUP VOLUNTARY 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 30, 2024.

POLICY INFORMATION			
Policyholder:	Pickens County Board of I	Education	
Policy Effective Date:	January 1, 2025		
Policy Anniversary:	January 1		
Policy Number:	GUPR-CLF3		
Group Number:	G000CLF3		
Classification:	All Eligible Employees		
Minimum Work Hours Required:	20 hours per week		
Eligibility Present Waiting Period:	30 day		
Eligibility Future Waiting Period:	30 day		
When Insurance Begins:	The first day of the month that follows the day the Employe becomes eligible. Additional eligibility conditions apply as described in the Certificate.		
Elimination Period:	 The Elimination Period is the later of: a) 90 calendar days; or b) the date your Policyholder-sponsored short-term disability benefits from us end. 		
BENEFITS			
Monthly Benefit Percentage:	60%		
Maximum Monthly Benefit:	\$6,000		
Minimum Monthly Benefit:	\$100		
Maximum Renefit Period	Age at Disability	Maximum Ranofit Par	

Maximum Monthly Benefit:	\$6,000	
Minimum Monthly Benefit:	\$100	
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:	2 years	
Reasonable Accommodation Benefit:	The lesser of 100% for covered services expenses, \$5,000 or	

an amount equal to the total Gross Monthly Benefit.

Survivor Benefit: 3 months Vocational Rehabilitation Benefit: 5%

LIMITATIONS

Substance Abuse Limitation: 24 months while insured under the Policy Mental Disorder Limitation: 24 months while insured under the Policy

Pre-existing Condition Limitation: 6/12