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 June 23, 2023.

POLICY INFORMATION		
FOLICY INFORMATION		
Policyholder:	Stephens County School System	
Policy Effective Date:	July 1, 2023	
Policy Anniversary:	July 1	
Policy Number:	GUPR-CBJ5	
Group Number:	G000CBJ5	
Classification:	All Eligible Employees 20 hours per week	
Minimum Work Hours Required:	30 day	
Eligibility Present Waiting Period:	30 day	
Eligibility Future Waiting Period: When Insurance Begins:	•	llows the day the Employee
when insurance begins.	The first day of the month that follows the day the Employee becomes eligible. Additional eligibility conditions apply as	
	described in the Certificate.	omity conditions apply as
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:	\$7,500	
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;

2 years

Own Occupation Definition:

Reasonable Accommodation Benefit:

69 or older 1 year.

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