## 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 June 23, 2023.

### **POLICY INFORMATION**

Policyholder:	Stephens County School System		
Policy Effective Date:	July 1, 2023		
Policy Anniversary:	July 1		
Policy Number:	GUC-CBJ5		
Group Number:	G000CBJ5		

Classification: All Eligible Employees electing 14/14 to 40%

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 Employee

becomes eligible. Additional eligibility conditions apply as

described in the Certificate.

Elimination Period:

Injury: 14 calendar days Sickness: 14 calendar days

#### **BENEFITS**

Weekly Benefit Percentage:40%Maximum Weekly Benefit:\$1,500Minimum Weekly Benefit:\$25Maximum Benefit Period:11 weeksConversion:Included

Reasonable Accommodation Benefit: The lesser of 100% for covered services expenses, \$1,000 or

an amount equal to the total Gross Weekly Benefit.

Vocational Rehabilitation Benefit: 5%

#### LIMITATION

Pre-existing Condition Limitation: 3/6