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
D 11 E 00 11 B 1	T 1 1 2022

Policy Effective Date:

Policy Anniversary:

Policy Number:

Group Number:

G000CBJ5

Classification: All Eligible Employees electing 30/30 to 66.67%

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: 30 calendar days Sickness: 30 calendar days

BENEFITS

Weekly Benefit Percentage:66 2/3%Maximum Weekly Benefit:\$1,500Minimum Weekly Benefit:\$25Maximum Benefit Period:9 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