

# UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

## GROUP 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 1, 2020.

### POLICY INFORMATION

Policyholder:	Towamencin Municipal Authority
Policy Effective Date:	January 1, 2007
Policy Anniversary:	January 1
Policy Number:	GUG-501H
Group Number:	G000501H
Classification:	All eligible employees - 1
Minimum Work Hours Required:	40 hours per week
Eligibility Present Waiting Period:	None
Eligibility Future Waiting Period:	90 days
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:	14 calendar days
Sickness:	14 calendar days

### BENEFITS

Weekly Benefit Percentage:	66 2/3%
Maximum Weekly Benefit:	\$1,300
Minimum Weekly Benefit:	\$15
Maximum Benefit Period:	24 weeks
Vocational Rehabilitation Benefit:	Voluntary 10%

Group Number: G000501H

