

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

GROUP 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 1, 2020.

POLICY INFORMATION

Policyholder:	Towamencin Municipal Authority
Policy Effective Date:	January 1, 2007
Policy Anniversary:	January 1
Policy Number:	GLTD-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:	The later of: a) 180 calendar days; or b) the date Your short-term Disability ends.

BENEFITS

Monthly Benefit Percentage:	60%																								
Maximum Monthly Benefit:	\$5,000																								
Minimum Monthly Benefit:	\$50																								
Maximum Benefit Period:	<table><thead><tr><th>Age at Disability</th><th>Maximum Benefit Period</th></tr></thead><tbody><tr><td>59 or less.....</td><td>age 65;</td></tr><tr><td>60.....</td><td>60 months;</td></tr><tr><td>61.....</td><td>48 months;</td></tr><tr><td>62.....</td><td>42 months;</td></tr><tr><td>63.....</td><td>36 months;</td></tr><tr><td>64.....</td><td>30 months;</td></tr><tr><td>65.....</td><td>24 months;</td></tr><tr><td>66.....</td><td>21 months;</td></tr><tr><td>67.....</td><td>18 months;</td></tr><tr><td>68.....</td><td>15 months;</td></tr><tr><td>69 or older.....</td><td>12 months.</td></tr></tbody></table>	Age at Disability	Maximum Benefit Period	59 or less.....	age 65;	60.....	60 months;	61.....	48 months;	62.....	42 months;	63.....	36 months;	64.....	30 months;	65.....	24 months;	66.....	21 months;	67.....	18 months;	68.....	15 months;	69 or older.....	12 months.
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Own Occupation Definition:	2 years																								
Survivor Benefit:	3 months																								
Vocational Rehabilitation Benefit:	5%																								

LIMITATIONS/EXCLUSIONS

Alcohol/Drug Abuse/Substance Abuse Limitation:	24 months
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Mental Disorder Limitation:	24 months
Self-Reported Symptoms Limitation:	24 months
Pre-existing Condition Exclusion:	3/12