# 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 December 10, 2014.

#### **POLICY INFORMATION**

Policyholder:

Policy Effective Date:

Policy Anniversary:

Policy Number:

Group Number:

Classification:

Minimum Work Hours Required:

Eligibility Present Waiting Period:

Eligibility Future Waiting Period:

**Elimination Period:** 

Injury: Sickness: Brotherhood of Locomotive Engineers & Trainmen 106-537

November 1, 2014

November 1



All Eligible Union Members in good standing

30 hours per week

30 days

30 days

29 calendar days

29 calendar days

## **BENEFITS**

Weekly Benefit Percentage:

Maximum Weekly Benefit:

Maximum Benefit Period:

Portability:

Vocational Rehabilitation Benefit:

60% \$1,200 104 weeks Included

5%

## **EXCLUSION**

Pre-existing Condition Exclusion:

12/12

Group Number: G000ATVF