## 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 23, 2013.

#### **POLICY INFORMATION**

Policyholder: Roanoke College Policy Effective Date: January 1, 2014 Policy Anniversary: January 1 Policy Number: **GLTD-ARHA** Group Number: G000ARHA Classification: All Eligible Employees Minimum Work Hours Required: 20 hours per week

Eligibility Present Waiting Period: 1 year Eligibility Future Waiting Period: 1 year Elimination Period:

The later of:

a) 180 calendar days; or b) the date Your short-term Disability ends.

### **BENEFITS**

Monthly Benefit Percentage:

Retirement Income Protection:

Survivor Benefit:

Maximum Monthly Benefit: \$10,000 Minimum Monthly Benefit: \$100/10% Maximum Benefit Period: Age at Disability **Maximum Benefit Period** 61 or less ..... to age 65, Your SSNRA, or 3 years and 6 months, whichever is longest; 62 ..... Your SSNRA, or 3 years and 6 months, whichever is longer; 63 ..... Your SSNRA, or 3 years, whichever is longer: 64 ..... Your SSNRA, or 2 years and 6 months, whichever is longer: 65 ..... 2 years; 66 ..... 1 year and 9 months; 67 ..... 1 year and 6 months; 1 year and 3 months; 68 ..... 69 or older..... 1 year. Own Occupation Definition: 2 years

3 months

15% not to exceed \$7,000

60%

Vocational Rehabilitation Benefit: 5%

## LIMITATIONS/EXCLUSIONS

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