# 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 January 19, 2024.

#### **POLICY INFORMATION**

Policyholder: GreenState Credit Union Policy Effective Date: January 1, 2019 Policy Anniversary: January 1 Policy Number: **GLTD-BFJK** Group Number: G000BFJK Classification: All Eligible 100% Commissioned Employees with over a year of service Minimum Work Hours Required: An average of 36 hours per week during the most recent 12 month period from November 1 to October 31st Eligibility Present Waiting Period: None Eligibility Future Waiting Period: None When Insurance Begins: The first day of the month that coincides with or follows the day the Employee becomes eligible. Additional eligibility

Elimination Period:

The Elimination Period is the later of:a) 90 calendar days; orb) the date your Policyholder-sponsored short-term

conditions apply as described in the Certificate.

disability benefits from us end.

## **BENEFITS**

Monthly Benefit Percentage: Maximum Monthly Benefit: Minimum Monthly Benefit: Maximum Benefit Period: 60% \$10,000 \$100/10%

\$100/10%	
Age at Disability	<b>Maximum Benefit Period</b>
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;
68	1 year and 3 months;
69 or older	1 year.

Own Occupation Definition: 3 years Childcare Benefit: Included

Reasonable Accommodation Benefit: The lesser of 100% for covered services expenses, \$5,000 or

an amount equal to the total Gross Monthly Benefit.

Survivor Benefit: 3 months Vocational Rehabilitation Benefit: 10%

## **LIMITATIONS**

Substance Abuse Limitation: 24 months while insured under the Policy Mental Disorder Limitation: 24 months while insured under the Policy

Pre-existing Condition Limitation: 3/12