

# 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 1 or less years 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 conditions apply as described in the Certificate.  
Elimination Period: The Elimination Period is the later of:  
a) 90 calendar days; or  
b) the date your Policyholder-sponsored short-term disability benefits from us end.

### BENEFITS

Monthly Benefit Percentage: 60%  
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;
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