United of Omaha Life Insurance Company

A MUTUAL of OMAHA COMPANY

GROUP VOLUNTARY 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 11, 2015.

POLICY INFORMATION

Policyholder:	Van's Lumber & Custom Builders

Policy Effective Date:

Policy Anniversary:

Policy Number:

Group Number:

Gupradv29

Group Number:

January 1, 2015

GUPR-AV29

G000AV29

Classification: All Eligible Employees
Minimum Work Hours Required: 30 hours per week

Eligibility Present Waiting Period: 60 days
Eligibility Future Waiting Period: 60 days
Elimination Period: The later of:

a) 180 calendar days; or

b) the date Your short-term Disability ends.

BENEFITS

Vocational Rehabilitation Benefit:

Monthly Benefit Percentage:	60%	
Maximum Monthly Benefit:	\$5,000	
Minimum Monthly Benefit:	\$100	
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
	<u></u>	and 6 months, whichever
		is longer;
	63	Your SSNRA, or 3 years,
	03	whichever is longer;
	64	Your SSNRA, or 2 years
	04	
		and 6 months, whichever
	65	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:	2 years	
Survivor Benefit:	3 months	

5%

LIMITATIONS/EXCLUSIONS

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