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 30, 2020.

POLICY INFORMATION

Policyholder:

Policy Effective Date:

Policy Anniversary:

Policy Number:

Group Number:

Classification:

Outstaffing, Inc.

January 1, 2021

January 1

GUC-ABWE

G000ABWE

All Eligible Employees

Minimum Work Hours Required:

Eligibility Present Waiting Period:

Eligibility Future Waiting Period:

30 hours per week
30 days
30 days

When Insurance Begins: the first day of the month that follows the day the Employee

becomes eligible. Additional eligibility conditions apply as

described in the Certificate.

Elimination Period:

Injury: 14 calendar days Sickness: 14 calendar days

BENEFITS

Weekly Benefit Percentage:60%Maximum Weekly Benefit:\$1,500Minimum Weekly Benefit:\$25Maximum Benefit Period:24 weeksPortability:IncludedVocational Rehabilitation Benefit:5%

LIMITATION

Pre-existing Condition Exclusion: 3/6

Group Number: G000ABWE