

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL *of* OMAHA COMPANY

GROUP 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 March 20, 2018.

POLICY INFORMATION

Policyholder:	Wabash College
Policy Effective Date:	January 1, 2018
Policy Anniversary:	January 1
Policy Number:	GUG-BB8L
Group Number:	G000BB8L
Classification:	All Eligible Active Employees paid Bi-Weekly
Minimum Work Hours Required:	20 hours per week
Eligibility Present Waiting Period:	None
Eligibility Future Waiting Period:	None
When Insurance Begins:	the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	
Injury:	0 calendar days
Sickness:	7 calendar days

BENEFITS

Weekly Benefit Percentage:	60%
Maximum Weekly Benefit:	\$500
Maximum Benefit Period:	26 weeks
Vocational Rehabilitation Benefit:	5%

Group Number: G000BB8L

