

# 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 July 18, 2018.

### POLICY INFORMATION

Policyholder:	Arizona Metropolitan Trust
Policy Effective Date:	July 1, 2015
Policy Anniversary:	July 1
Policy Number:	GUG-AWXV
Group Number:	G000AWXV
Classification:	All Eligible BVFD Admin Employees
Minimum Work Hours Required:	40 hours per week
Eligibility Present Waiting Period:	None
Eligibility Future Waiting Period:	60 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:	\$1,900
Maximum Benefit Period:	24 weeks
Vocational Rehabilitation Benefit:	5%

Group Number: G000AWXV