

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 Suppression Employees
Minimum Work Hours Required:	56 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