



<b>Hearing Discount Program</b>	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.
<b>Will Prep Services</b>	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit <a href="http://www.willprepservices.com">www.willprepservices.com</a> .

#### **EXCLUSIONS**

Insurance benefits and guarantee issue amounts are not subject to age reductions.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

# > Frequently Asked Questions

## Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 30 hours per week.
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital/care facility) and any child(ren) must be under age 26.

## What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

## What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

## Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you or your insured spouse may have the right to continue this insurance under the Portability or Conversion provision, subject to certain conditions.

## Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.







# Voluntary Term Life Insurance

FOR EMPLOYEES OF CITY OF LEBANON

## ELIGIBILITY - ALL OTHER ACTIVE ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
<b>Dependent Eligibility Requirement</b>	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by you.

## COVERAGE GUIDELINES

	Minimum	Guarantee Issue	Maximum
<b>For You</b>	\$10,000	7 times annual salary, up to \$200,000	\$500,000, in increments of \$10,000, but no more than 7 times annual salary
<b>Spouse</b>	\$5,000	100% of employee's benefit, up to \$50,000	100% of employee's benefit, up to \$300,000
<b>Children</b>	\$2,000	100% of employee's benefit, up to \$10,000	100% of employee's benefit, up to \$10,000

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

## BENEFITS

<b>Life Insurance Benefit Amount</b>	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent children. Children include those, up to age 26.</p> <p>In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</p>
<b>Accidental Death &amp; Dismemberment (AD&amp;D) Benefit Amount</b>	<p>Within the coverage guidelines defined in the "AD&amp;D Coverage Selection and Premium Calculation" section that follows, you select the amount of AD&amp;D coverage that you want for yourself, your spouse and your dependent child(ren).</p> <p>AD&amp;D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.</p>

## FEATURES

<b>Living Care/ Accelerated Death Benefit</b>	75% of the amount of the life insurance benefit is available to you and your spouse if terminally ill, not to exceed \$375,000.
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# Voluntary Term Life Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

**To select your benefit amount and calculate your premium, do the following:**

- 1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.

- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

EMPLOYEE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<b>0 - 29</b>	\$0.43	\$0.86	\$1.29	\$1.72	\$2.15	\$2.58	\$3.01	\$3.44	\$3.87	\$4.30
<b>30 - 34</b>	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
<b>35 - 39</b>	\$0.79	\$1.58	\$2.37	\$3.16	\$3.95	\$4.74	\$5.53	\$6.32	\$7.11	\$7.90
<b>40 - 44</b>	\$1.28	\$2.56	\$3.84	\$5.12	\$6.40	\$7.68	\$8.96	\$10.24	\$11.52	\$12.80
<b>45 - 49</b>	\$2.10	\$4.20	\$6.30	\$8.40	\$10.50	\$12.60	\$14.70	\$16.80	\$18.90	\$21.00
<b>50 - 54</b>	\$3.41	\$6.82	\$10.23	\$13.64	\$17.05	\$20.46	\$23.87	\$27.28	\$30.69	\$34.10
<b>55 - 59</b>	\$5.25	\$10.50	\$15.75	\$21.00	\$26.25	\$31.50	\$36.75	\$42.00	\$47.25	\$52.50
<b>60 - 64</b>	\$7.34	\$14.68	\$22.02	\$29.36	\$36.70	\$44.04	\$51.38	\$58.72	\$66.06	\$73.40
<b>65 - 69</b>	\$12.09	\$24.18	\$36.27	\$48.36	\$60.45	\$72.54	\$84.63	\$96.72	\$108.81	\$120.90
<b>70 - 74</b>	\$20.22	\$40.44	\$60.66	\$80.88	\$101.10	\$121.32	\$141.54	\$161.76	\$181.98	\$202.20
<b>75+</b>	\$38.53	\$77.06	\$115.59	\$154.12	\$192.65	\$231.18	\$269.71	\$308.24	\$346.77	\$385.30

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

SPOUSE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
<b>0 - 29</b>	\$0.22	\$0.43	\$0.65	\$0.86	\$1.08	\$1.29	\$1.51	\$1.72	\$1.94	\$2.15
<b>30 - 34</b>	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
<b>35 - 39</b>	\$0.40	\$0.79	\$1.19	\$1.58	\$1.98	\$2.37	\$2.77	\$3.16	\$3.56	\$3.95
<b>40 - 44</b>	\$0.64	\$1.28	\$1.92	\$2.56	\$3.20	\$3.84	\$4.48	\$5.12	\$5.76	\$6.40
<b>45 - 49</b>	\$1.05	\$2.10	\$3.15	\$4.20	\$5.25	\$6.30	\$7.35	\$8.40	\$9.45	\$10.50
<b>50 - 54</b>	\$1.71	\$3.41	\$5.12	\$6.82	\$8.53	\$10.23	\$11.94	\$13.64	\$15.35	\$17.05
<b>55 - 59</b>	\$2.63	\$5.25	\$7.88	\$10.50	\$13.13	\$15.75	\$18.38	\$21.00	\$23.63	\$26.25
<b>60 - 64</b>	\$3.67	\$7.34	\$11.01	\$14.68	\$18.35	\$22.02	\$25.69	\$29.36	\$33.03	\$36.70
<b>65 - 69</b>	\$6.05	\$12.09	\$18.14	\$24.18	\$30.23	\$36.27	\$42.32	\$48.36	\$54.41	\$60.45
<b>70 - 74</b>	\$10.11	\$20.22	\$30.33	\$40.44	\$50.55	\$60.66	\$70.77	\$80.88	\$90.99	\$101.10
<b>75 - 79</b>	\$19.27	\$38.53	\$57.80	\$77.06	\$96.33	\$115.59	\$134.86	\$154.12	\$173.39	\$192.65

ALL CHILDREN PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)*				
\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
\$0.10	\$0.20	\$0.30	\$0.40	\$0.50

\*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

# Voluntary AD&D Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

You have the ability to select the amount of AD&D coverage you feel is appropriate for yourself and your eligible dependents. However, there are some guidelines you need to consider when choosing this coverage.

## COVERAGE SELECTION GUIDELINES

- 1) You and each of your eligible dependents must be covered by some level of voluntary term life insurance to be eligible for AD&D coverage.
- 2) AD&D coverage is not required for you or your eligible dependents, even if you have voluntary term life coverage.
- 3) Dependent AD&D benefit amounts cannot exceed 100% of your AD&D benefit amount.
- 4) You and your eligible dependents can select any amount of AD&D coverage between the minimum and the maximum as indicated in the Coverage Guidelines section.

## COVERAGE SELECTION AND PREMIUM CALCULATION

**To select your benefit amount and calculate your premium, do the following:**

- 1) Locate the benefit amount you want to select from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000.
- 2) Locate the corresponding premium amount in the row below.
- 3) Enter your benefit and premium amounts into their respective areas in the AD&D section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. For example, if you want \$150,000 in coverage, you obtain your AD&D premium amount by multiplying the rate for \$50,000 times 3.

### EMPLOYEE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)

\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
\$0.15	\$0.30	\$0.45	\$0.60	\$0.75	\$0.90	\$1.05	\$1.20	\$1.35	\$1.50

Follow the method described above to calculate premiums for optional dependent spouse and/or child(ren) coverage. Your spouse's benefit amount must be in an increment of \$5,000. Dependent AD&D benefit amounts cannot be more than 100% of your AD&D benefit amount.

### SPOUSE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)

\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
\$0.08	\$0.15	\$0.23	\$0.30	\$0.38	\$0.45	\$0.53	\$0.60	\$0.68	\$0.75

### ALL CHILDREN PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)

\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
\$0.04	\$0.08	\$0.12	\$0.16	\$0.20

\*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.



# > Frequently Asked Questions

## Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 30 hours per week.
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital/care facility) and any child(ren) must be under age 26.

## What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

## What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

## Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you or your insured spouse may have the right to continue this insurance under the Portability or Conversion provision, subject to certain conditions.

## Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

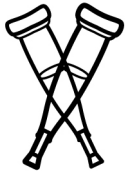
- Insurance benefits and guarantee issue amounts are subject to age reductions:
  - At age 65, amounts reduce to 65%
  - At age 70, amounts reduce to 50%
- Spouse coverage terminates when you reach age 80.
- Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.
- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.







# Short-Term Disability Insurance

FOR EMPLOYEES OF CITY OF LEBANON

## ELIGIBILITY - ALL OTHER ACTIVE ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
<b>Premium Payment</b>	Your employer pays 100% of the premium for core coverage, and you pay 100% of the premium for buy-up coverage through easy payroll deduction. The premium amounts below reflect your contributions to the cost of the buy-up insurance.

## BENEFITS

<b>Elimination Period</b>	<p>If you become disabled, there is an elimination period before benefits are payable. Your benefits begin:</p> <ul style="list-style-type: none"> <li>• On the 31st day of your disabling injury.</li> <li>• On the 31st day of your disabling illness.</li> </ul>
<b>Weekly Benefit</b>	<p>This short-term disability plan is a “core/buy-up” plan. “Core” benefits offer a basic level of income protection, and are paid for by your employer. You also have the option to enroll for “buy-up” benefits, which allow you to increase your level of income protection, through the convenience of affordable group rates and payroll deduction of premium.</p> <p>Under the core plan, your benefit is equivalent to 40% of your before-tax weekly earnings, not to exceed the plan’s maximum weekly benefit amount less other income sources.</p> <p>If you enroll for the buy-up plan, your total weekly benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan’s maximum weekly benefit amount less other income sources.</p>
<b>Maximum Benefit Period</b>	Up to 22 weeks
<b>Maximum Weekly Benefit</b>	<p>Under the core plan: \$500</p> <p>If you enroll for the buy-up plan: \$750</p>
<b>Minimum Weekly Benefit</b>	None
<b>Partial Disability Benefits</b>	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.

## DEFINITIONS

<b>Definition of Disability</b>	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
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<b>Definition of Weekly Earnings</b>	Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked.
<b>FEATURES</b>	
<b>Vocational Rehabilitation Benefit</b>	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
<b>Survivor Benefit</b>	If you pass away while receiving disability benefits, a lump sum equal to the total weekly benefit payable for the remainder of the maximum benefit period will be paid to your eligible survivor.
<b>SERVICES</b>	
<b>Hearing Discount Program</b>	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.
<b>AbsencePro<sup>SM</sup></b>	AbsencePro <sup>SM</sup> helps employees manage FMLA-related leaves of absence. This robust leave administration tool provides employees with both administrative and consultative services.

**BUY-UP SHORT-TERM DISABILITY PREMIUM CALCULATION**

Use the premium factor in the table provided below to calculate your premium for buy-up short-term disability coverage in the worksheet below, using the example as a guide.

<b>BI-WEEKLY PREMIUM CALCULATION BUY-UP PLAN</b>		<b>EXAMPLE</b> <i>(42-year-old employee earning \$40,000 a year)</i>
List your weekly earnings (Maximum is \$1,250)	\$ _____	\$ <u>769.23</u>
Multiply by the premium factor*	<u>0.0063000</u>	<u>0.0063000</u>
Your Estimated Bi-Weekly Premium**	\$ _____	\$ <u>4.85</u>

\*Your employer contributes 0 percent to the cost of this coverage. The information shown above is your cost only.

\*\*This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

# > Frequently Asked Questions

## Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

## How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

## Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, paid family leave, salary continuance/sick leave, settlements on payments received and no-fault benefits.

## Does this plan cover me if I become disabled due to an injury at work?

No, your STD insurance only provides benefits for off-the-job coverage for disabilities due to injury or sickness.

## Are there any limitations or exclusions?

The benefits payable are subject to the following:

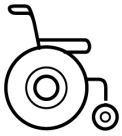
- Under the core plan, a pre-existing condition limitation does not apply. If you enroll for the buy-up plan, your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/6 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage, would not be covered.
- Benefits are not payable for any disability or loss that:
  - Results from an act of declared or undeclared war or armed aggression
  - Results from participation in a riot or commission of or attempt to commit a felony
  - Arises out of or in the course of employment with the policyholder for benefits under any workers' compensation or occupational disease law, or receives any settlement from the workers' compensation carrier
  - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
  - Occurs while incarcerated or imprisoned for any period exceeding 31 days
  - Is solely a result of a loss of a professional license, occupation license or certification

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ-2010.







# Long-Term Disability Insurance

FOR EMPLOYEES OF CITY OF LEBANON

## ELIGIBILITY - ALL OTHER ACTIVE ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.

## BENEFITS

<b>Elimination Period</b>	Your benefits begin on the later of 180 calendar days after the onset of your disabling injury or illness or the date your short term disability ends.
<b>Monthly Benefit</b>	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources.  The premium for your long-term disability coverage is waived while you are receiving benefits.
<b>Maximum Monthly Benefit</b>	\$6,500
<b>Minimum Monthly Benefit</b>	\$100
<b>Maximum Benefit Period</b>	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
<b>Partial Disability Benefits</b>	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits.

## DEFINITIONS

<b>Own Occupation</b>	2 Years
<b>Own Occupation Earnings Test</b>	99%
<b>Definition of Monthly Earnings</b>	Monthly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 12. Monthly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked.

## FEATURES

<b>Vocational Rehabilitation Benefit</b>	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
<b>Survivor Benefit</b>	If you pass away while receiving disability benefits, a lump sum equal to 3 times your monthly benefit will be paid to your eligible survivor.

## SERVICES

### Hearing Discount Program

The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit [www.amplifonusa.com/mutualofomaha](http://www.amplifonusa.com/mutualofomaha) to learn more.



# > Frequently Asked Questions

## Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

## How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

## Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, salary continuance/sick leave, settlements on payments received and no-fault benefits.

## Does this plan cover me if I become disabled due to an injury at work?

Yes, your LTD insurance provides benefits for both on-the-job and off-the-job coverage for disabilities due to injury or sickness.

## Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Disabilities related to alcohol and drug abuse are only payable for up to 24 months while insured under the policy.
- Disabilities related to mental disorders are only payable for up to 24 months while insured under the policy.
- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.
- Benefits are not payable for any disability or loss that:
  - Results from an act of declared or undeclared war or armed aggression
  - Results from participation in a riot or commission of or attempt to commit a felony
  - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
  - Results from alcohol and drug abuse and/or substance abuse, except as noted above
  - Results from a mental disorder, except as noted above
  - Is caused by alcohol and drug abuse and/or substance abuse, while not being actively supervised by and receiving continuing treatment from a rehabilitation center or designated institution approved for such treatment by an appropriate body in the governing jurisdiction
  - Occurs while incarcerated or imprisoned for any period exceeding 31 days
  - Is solely a result of a loss of a professional license, occupation license or certification

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ-2010.



