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 January 15, 2021.

POLICY INFORMATION

Minimum Work Hours Required:

Eligibility Present Waiting Period:

Eligibility Future Waiting Period:

Policyholder: The Waldinger Corporation

Policy Effective Date:

Policy Anniversary:

Policy Number:

Group Number:

Goodb TH8

January 1, 2021

January 1

GUC-BTH8

G000BTH8

Classification:

All Eligible Non Union Craft Employees of TWC Services,

In Shan Employees of Overline Comparation

Inc, Shop Employees of Quality Manufacturing Corporation,

& Exempt & Non Exempt Office Employees

30 hours per week

None None

the first day of the month that coincides with or follows the day the Employee becomes eligible. Additional eligibility

conditions apply as described in the Certificate.

Elimination Period:

When Insurance Begins:

Injury: 7 calendar days Sickness: 7 calendar days

BENEFITS

Weekly Benefit Percentage:60%Maximum Weekly Benefit:\$1,500Minimum Weekly Benefit:\$15Maximum Benefit Period:13 weeksPortability:IncludedVocational Rehabilitation Benefit:5%

LIMITATION

Pre-existing Condition Exclusion: 3/6

Group Number: G000BTH8