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 July 29, 2015.

POLICY INFORMATION

Policyholder: Great Basin Industrial
Policy Effective Date: August 1, 2015
Policy Anniversary: August 1
Policy Number: GUC-AX9C
Group Number: G000AX9C
Classification: All Eligible Employees

Minimum Work Hours Required:

Eligibility Present Waiting Period:

Eligibility Future Waiting Period:

30 hours per week
30 days
30 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:\$1,000Minimum Weekly Benefit:\$25Maximum Benefit Period:11 weeksPortability:IncludedVocational Rehabilitation Benefit:5%

EXCLUSION

Pre-existing Condition Exclusion: 3/6

Group Number: G000AX9C