United of Omaha Life Insurance Company

A MUTUAL of OMAHA COMPANY

GROUP VOLUNTARY LONG-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 April 1, 2015.

POLICY INFORMATION

Policyholder: City of Charleston WV
Policy Effective Date: January 1, 2015
Policy Anniversary: January 1
Policy Number: GUPR-AV89
Group Number: G000AV89

Classification: All Eligible Active Full-Time City Employees

Minimum Work Hours Required: 2,080.00 hours per year

Eligibility Present Waiting Period: None Eligibility Future Waiting Period: None

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: The later of:

a) 90 calendar days; or

b) the date Your short-term Disability ends.

BENEFITS

Monthly Benefit Percentage: 60%
Maximum Monthly Benefit: \$5,000
Minimum Monthly Benefit: \$100/15%

Maximum Benefit Period: Age at Disability Maximum Benefit Period

Own Occupation Definition:2 yearsSurvivor Benefit:3 monthsVocational Rehabilitation Benefit:5%

LIMITATIONS/EXCLUSIONS

Alcohol/Drug Abuse/Substance Abuse Limitation: 24 months Mental Disorder Limitation: 24 months Pre-existing Condition Exclusion: 12/12