

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

GROUP 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 September 10, 2015.

POLICY INFORMATION

Policyholder: Radnor Township School District
Policy Effective Date: August 1, 2015
Policy Anniversary: August 1
Policy Number: GLTD-AXCN
Group Number: G000AXCN
Classification: All Eligible Full-time 12 month Custodial Employees and 10 and 12 month Security Guards
Minimum Work Hours Required: 40 hours per week
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) 30 calendar days; or
b) the date Your short-term Disability ends.

BENEFITS

Monthly Benefit Percentage: 66 2/3%
Maximum Monthly Benefit: \$639
Minimum Monthly Benefit: \$100
Maximum Benefit Period:

Age at Disability	Maximum Benefit Period
Under 65.....	2 years;
68	to age 70;
69 and over.....	1 year.

Own Occupation Definition: 3 years
Portability: Included
Survivor Benefit: 3 months
Vocational Rehabilitation Benefit: 5%

LIMITATIONS/EXCLUSIONS

Alcohol/Drug Abuse/Substance Abuse Limitation: 24 months
Mental Disorder Limitation: 24 months
Pre-existing Condition Exclusion: 3/12