

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 January 31, 2017.

POLICY INFORMATION

Policyholder:	Grand Traverse County
Policy Effective Date:	January 1, 2017
Policy Anniversary:	January 1
Policy Number:	GLTD-B5B6
Group Number:	G000B5B6
Policy Year:	January 1 through January 1
Classification:	All Full-Time and Regular Part-Time Employees in the Defined Contribution Retirement Plan, POAM Corrections, TPOAM Central Records and COAM Dispatch Supervisors Excluding any Elected Officials or Reserve Officers, Under One of the Following Labor Groups
Minimum Work Hours Required:	15 hours per week
Eligibility Present Waiting Period:	6 months
Eligibility Future Waiting Period:	6 months
When Insurance Begins:	the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	The later of: a) 180 Dayscalendar days; or b) the date Your short-term Disability ends.

BENEFITS

Monthly Benefit Percentage:	60%	
Maximum Monthly Benefit:	\$5,000	
Minimum Monthly Benefit:	\$100/10%	
Maximum Benefit Period:		
	Age at Disability	Maximum Benefit Period
	61 or less.....	to age 65, Your SSNRA, or 3 years and 6 months, whichever is longest;
	62.....	Your SSNRA, or 3 years and 6 months, whichever is longer;
	63.....	Your SSNRA, or 3 years, whichever is longer;
	64.....	Your SSNRA, or 2 years and 6 months, whichever is longer;
	65.....	2 years;
	66.....	1 year and 9 months;
	67.....	1 year and 6 months;
	68.....	1 year and 3 months;
	69 or older.....	1 year.

Own Occupation Definition:	2 years
Family Care Benefit:	Included
Survivor Benefit:	3 months
Vocational Rehabilitation Benefit:	5%

LIMITATIONS/EXCLUSIONS

Alcohol/Drug Abuse/Substance Abuse Limitation:	24 months
Mental Disorder Limitation:	24 months
Self-Reported Symptoms Limitation:	5 months
Pre-existing Condition Exclusion:	3/12