

# 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 November 12, 2025.

### POLICY INFORMATION

|                                     |                                                                                                                                                         |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Policyholder:                       | Don Hummer Trucking Corporation                                                                                                                         |
| Policy Effective Date:              | May 1, 2016                                                                                                                                             |
| Policy Anniversary:                 | January 1                                                                                                                                               |
| Policy Number:                      | GUC-B25J                                                                                                                                                |
| Group Number:                       | G000B25J                                                                                                                                                |
| Classification:                     | All Eligible Employees                                                                                                                                  |
| Minimum Work Hours Required:        | 1,560 hours per year                                                                                                                                    |
| Eligibility Present Waiting Period: | 60 day                                                                                                                                                  |
| Eligibility Future Waiting Period:  | 60 day                                                                                                                                                  |
| 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:                             | 0 calendar days                                                                                                                                         |
| Sickness:                           | 7 calendar days                                                                                                                                         |

### BENEFITS

|                                    |                                                                                                                 |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Weekly Benefit Percentage:         | 60%                                                                                                             |
| Maximum Weekly Benefit:            | \$1,000                                                                                                         |
| Minimum Weekly Benefit:            | \$25                                                                                                            |
| Maximum Benefit Period:            | 13 weeks                                                                                                        |
| Portability:                       | Included                                                                                                        |
| Reasonable Accommodation Benefit:  | The lesser of 100% for covered services expenses, \$1,000 or an amount equal to the total Gross Weekly Benefit. |
| Vocational Rehabilitation Benefit: | 5%                                                                                                              |

### LIMITATION

|                                    |            |
|------------------------------------|------------|
| Pre-existing Condition Limitation: | 3/6 months |
|------------------------------------|------------|