## 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 17, 2022.

#### **POLICY INFORMATION**

Policyholder:	California Nurses Association Benefit Trust		
Policy Effective Date:	January 1, 2008		
Policy Anniversary:	January 1		
Policy Number:	GUC-182J		
Group Number:	G000182J		
Classification:	All Eligible CNA Employees in class 1 and 2 electing \$300 weekly benefit		
Minimum Work Hours Required:	20 hours per week		
Eligibility Present Waiting Period:	None		

Eligibility Future Waiting Period:

When Insurance Begins:

The first day of the month that coincides with or 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**

Maximum Weekly Benefit: \$350, not to exceed 80% of your Basic Weekly Earnings
Maximum Benefit Period: 11 weeks

Reasonable Accommodation Benefit: The lesser of 100% for covered services expenses, \$1,000 or

an amount equal to the total Gross Weekly Benefit.

Survivor Benefit: Included Vocational Rehabilitation Benefit: 10%

### **LIMITATION**

Pre-existing Condition Limitation: 3/6