A Mutual of Omaha Company $% f(x) = \int f(x) \, dx$

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: Policy Effective Date: Policy Anniversary: Policy Number: Group Number: Classification:

Minimum Work Hours Required: Eligibility Present Waiting Period: Eligibility Future Waiting Period: When Insurance Begins:

Elimination Period: Injury: Sickness:

BENEFITS

Maximum Weekly Benefit: Maximum Benefit Period: Reasonable Accommodation Benefit:

Survivor Benefit: Vocational Rehabilitation Benefit:

LIMITATION

Pre-existing Condition Limitation:

California Nurses Association Benefit Trust January 1, 2008 January 1 GUC-182J G000182J All Eligible CNA Employees Classes 1 and 2 electing 500 wb 14/14 20 hours per week None 30 day 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.

14 calendar days14 calendar days

\$500, not to exceed 80% of your Basic Weekly Earnings 11 weeks The lesser of 100% for covered services expenses, \$1,000 or an amount equal to the total Gross Weekly Benefit. Included 10%

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