
**YOUR GROUP VOLUNTARY
SHORT-TERM DISABILITY
BENEFITS**

Lake County Board of County Commissioners

**UNDERWRITTEN BY:
UNITED OF OMAHA LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NEBRASKA 68175**

Effective October 1, 2008

HOW TO OBTAIN PLAN BENEFITS

To obtain benefits see the Payment of Claims provision.

Forward your completed claim form to:

United of Omaha Life Insurance Company
Group Disability Management Services
Mutual of Omaha Plaza
Omaha, Nebraska 68175

CLAIM ASSISTANCE

If you need assistance with filing your claim or an explanation of how your claim was paid, contact the:

United of Omaha Life Insurance Company
Group Disability Management Services
Mutual of Omaha Plaza
Omaha, Nebraska 68175
Call Toll Free: 1-800-877-5176

When contacting the Company please have your policy number available. Your policy number is GUC-ABAJ.

GROUP VOLUNTARY SHORT-TERM DISABILITY INSURANCE SUMMARY OF COVERAGE



Lake County Board of County Commissioners
GUC - ABAJ
Effective: October 1, 2008
All eligible full-time employees

This Summary of Coverage provides a brief description of some of the terms, conditions, exclusions and limitations of Your employer's Policy. Definitions of capitalized terms in this Summary of Coverage can be found in the Certificate. For a complete description of the terms, conditions, exclusions and limitations of Your employer's Policy, refer to the appropriate section of the Certificate. In the event of a discrepancy between this Summary of Coverage and the Certificate, the Certificate will control. For a copy of the Certificate, contact the group Policyholder or Benefits or Plan Administrator.

This Summary of Coverage is not a contract. You are not necessarily entitled to insurance under the Policy because You received this Summary of Coverage. You are only entitled to insurance if You are eligible in accordance with the terms of the Certificate.

BENEFITS	
Elimination Period	<p>If Your Total or Partial Disability is a result of an Injury, there is no Elimination Period.</p> <p>If Your Total or Partial Disability is a result of a Sickness, Your Elimination Period is 7 calendar days.</p>
Weekly Benefit	<p>If You are Totally Disabled, the Weekly Benefit is the lesser of:</p> <ul style="list-style-type: none"> • 60% of Your Weekly Earnings, less Other Income Benefits; or • the Maximum Weekly Benefit. The Maximum Weekly Benefit is \$1,000, less any Other Income Benefits. <p>If You are Partially Disabled and unable to generate Current Earnings that exceed 99% of Your Weekly Earnings, the Weekly Benefit will be the Weekly Benefit payable while Partially Disabled, unless the sum of:</p> <ul style="list-style-type: none"> • the Gross Weekly Benefit while You are Totally Disabled; plus • Other Income Benefits You receive or are eligible to receive; plus • Current Earnings while You are Partially Disabled; <p>exceeds 100% of Your Weekly Earnings. If this sum exceeds 100% of Your Weekly Earnings, the Weekly Benefit will be reduced by that excess amount.</p>
Minimum Weekly Benefit	<p>If subtracting Other Income Benefits from Your Gross Weekly Benefit results in a zero benefit, a Minimum Weekly Benefit of \$25 will be paid. We may apply this amount towards any outstanding overpayment.</p>

Maximum Benefit Period	The maximum number of weeks that benefits are payable for a continuous period of Total or Partial Disability is 13 weeks, or until benefits become payable under Our Long Term Disability Plan, if eligible, whichever occurs first.
EMPLOYEE ELIGIBILITY	
Minimum Work Hours Required	30 hours per week
Eligibility Waiting Period	30 days
Confinement Rule	<p>If an eligible Employee is confined due to an Injury or Sickness:</p> <ul style="list-style-type: none"> • in a Hospital as an inpatient; • in any institution or facility other than a Hospital; or • at home and under the supervision of a Physician; <p>insurance will begin on the day the Employee returns to Active Employment.</p> <p>If an eligible Employee is Actively Employed and is not:</p> <ul style="list-style-type: none"> • confined; and • available for work because of an Injury or Sickness; <p>insurance will begin on the day the Employee returns to Active Employment.</p>
First Enrollment Period	<p>If an Employee's properly completed and signed enrollment form is received on or within 30 days following the day the Employee becomes eligible, the Employee will become insured on the first day of the Policy month which coincides with or follows the later of:</p> <ul style="list-style-type: none"> • the day the Employee becomes eligible; or • the date the enrollment form is properly completed and signed by the Employee; provided the Employee is Actively Working on that day.
Subsequent Enrollment Periods	Subsequent enrollment periods will be allowed in which an Employee may elect, drop or change insurance. If an eligible Employee did not elect insurance under the Policy during any enrollment period, future elections may be made only during subsequent enrollment periods, or as otherwise provided under the When Election Changes Are Permitted provision of the Policy.
When Your Classification or the Amount of Insurance Changes (Other than Due to Permitted Election Changes)	<p>Any change in Your classification, coverage or amount of Your insurance will take effect on the day of the change, provided You are Actively Working on that day.</p> <p>If You are not Actively Working on the day of the change, the following conditions will apply:</p> <ul style="list-style-type: none"> • If the change involves an increase in the amount of insurance, the change will not take effect until the day You return to Active Work. • If the change involves a decrease in the amount of insurance, the change will take effect on the day of the change. <p>In no event will any change take effect during a period of Total or Partial Disability.</p>

When Your Insurance Ends	<p>Your insurance will end at midnight at the main office of the Policyholder on the earliest of:</p> <ul style="list-style-type: none"> • the day the Policy ends; • the day any premium contribution for Your insurance is due and unpaid; • the day before You enter the Armed Forces on active duty (except for temporary active duty of two weeks or less); or • the day You are no longer eligible. <p>You will no longer be eligible when the earliest of the following occurs:</p> <ul style="list-style-type: none"> • You are not in an eligible classification described in the Schedule; • Your employment with the Policyholder ends; • You are not Actively Employed; or • You do not satisfy any other eligibility condition described in the Policy.
DEFINITIONS	
Definition of Disability	<p>Partial Disability and Partially Disabled means that because of an Injury or Sickness, a significant change in Your mental or physical functional capacity has occurred in which You, while unable to perform all of the Material Duties of Your Regular Job on a full-time basis, are:</p> <ul style="list-style-type: none"> • able to perform at least one of the Material Duties of Your Regular Job on a part-time or full-time basis; and • unable to generate Current Earnings which exceed 99 % of Your Weekly Earnings due to that same Injury or Sickness. <p>Partial disability is determined relative to Your ability or inability to work. It is not determined by the availability of a suitable position with Your employer.</p> <p>Total Disability and Totally Disabled means that because of an Injury or Sickness, a significant change in Your mental or physical functional capacity has occurred in which You are prevented from performing all of the Material Duties of Your Regular Job on a full-time basis.</p> <p>Total disability is determined relative to Your ability or inability to work. It is not determined by the availability of a suitable position with Your employer.</p>
Definition of Weekly Earnings	<p>Weekly Earnings means Your gross income received from the Policyholder for the week immediately prior to the month in which Your Total or Partial Disability began. It includes employee contributions to deferred compensation plans. It does not include commissions, bonuses, overtime pay, shift differential, other extra compensation, or Policyholder contributions to Deferred Compensation plans received from the Policyholder.</p>
FEATURES	
Continuation of Insurance During Total Disability	<p>If You become Totally Disabled or Partially Disabled, Your insurance will continue for as long as You are entitled to receive Weekly Benefits. Any premium payment for Your insurance that is paid by You through payroll deduction will be waived from the first day of the month following the date of Your approved disability through the last day of the month following the last date of Your disability benefit payments.</p>

Survivor Benefit	<p>If You die while You are receiving or are eligible to receive Weekly Benefits under the Policy, We will pay to Your Eligible Survivor a survivor benefit. The survivor benefit will be an amount equal to the total Weekly Benefits that would be payable for:</p> <ul style="list-style-type: none"> • the Maximum Benefit Period; or • 13 weeks; <p>whichever is lesser. Such survivor benefit will be reduced by any benefits already paid to You.</p>
EXCLUSIONS	
General Exclusions	<p>We will not pay benefits for any Total or Partial Disability which is caused by, contributed to by, or resulting from:</p> <ul style="list-style-type: none"> • declared or undeclared war or any act of war or armed aggression; • Your participation in a riot, insurrection or rebellion; • Your commission of a felony for which You have been charged under state or federal law; • an intentionally self-inflicted Injury or Sickness, whether You are sane or insane; • attempted suicide, whether You are sane or insane; or • an occupational Sickness or Injury, unless You cannot be covered by a workers' compensation law. <p>We also will not pay benefits for any Total or Partial Disability:</p> <ul style="list-style-type: none"> • while You are incarcerated or imprisoned for any period exceeding 60 days; or • that is solely a result of a loss of a professional license, occupational license or certification.
Pre-Existing Conditions	<p>We will not provide benefits for Total or Partial Disability:</p> <ul style="list-style-type: none"> • caused by, contributed to by, or resulting from a Pre-existing Condition; and • which begins in the first 6 months after You are continuously insured under the Policy. <p>A Pre-existing Condition means any Injury or Sickness for which You received medical treatment, advice or consultation, care or services including diagnostic measures, or had drugs or medicines prescribed or taken in the 3 months prior to the day You become insured under the Policy.</p>

Publication Date: December 1, 2008

NOTICE

If any questions or problems arise regarding this insurance, you may contact the Company at:

United of Omaha Life Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175
Telephone: 1-800-775-8805

When contacting the Company, please have your policy number available.

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appear in the following order.

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CERTIFICATE OF INSURANCE

UNITED OF OMAHA LIFE INSURANCE COMPANY

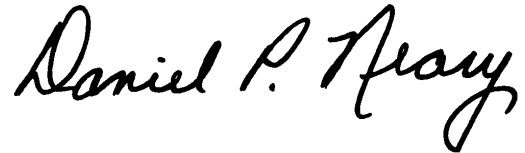
Home Office: Mutual of Omaha Plaza
Omaha, Nebraska 68175

United of Omaha Life Insurance Company certifies that Group Policy No(s). GUC-ABAJ (policy) has been issued to Lake County Board of County Commissioners (Policyholder).

Insurance is provided for certain employees as described in the policy.

The benefits described in this Certificate are subject to the terms and conditions of the policy. Benefits are effective only if you are eligible for the insurance, become insured and remain insured as described in this Certificate.

UNITED OF OMAHA LIFE INSURANCE COMPANY



Chairman of the Board and Chief Executive Officer



Corporate Secretary

THIS SCHEDULE DESCRIBES THE AMOUNT OF BENEFITS AND CERTAIN OTHER REQUIREMENTS AND LIMITATIONS APPLICABLE TO BENEFITS FOR TOTAL AND PARTIAL DISABILITY. OUR OBLIGATION TO CONSIDER BENEFITS DESCRIBED IN THIS SCHEDULE IS SUBJECT TO ALL TERMS OF THE POLICY, INCLUDING, BUT NOT LIMITED TO, ALL DEFINITIONS, GENERAL EXCLUSIONS AND RIDERS. PLEASE REFER TO THE TABLE OF CONTENTS IN THE CERTIFICATE TO LOCATE THE PROVISIONS OF THE POLICY.

SCHEDULE

The amount of insurance for You will be in accordance with Your classification in this Schedule.

Classification

All eligible full time employees

For You SHORT-TERM DISABILITY BENEFITS

Elimination Period

If Your Total or Partial Disability is a result of an Injury, there is no Elimination Period. Benefits will begin immediately.

If Your Total or Partial Disability is a result of a Sickness, Your Elimination Period is 7 calendar days.

Definitions

Other Income Benefits has the meaning set forth in the Other Income Benefits provision of this Schedule.

Weekly Earnings means Your gross income received from the Policyholder for the week immediately prior to the month in which Your Total or Partial Disability began.

Weekly Earnings includes employee contributions to Deferred Compensation plans. It does not include commissions, bonuses, overtime pay, Policyholder contributions to Deferred Compensation plans, shift differential or other extra compensation received from the Policyholder.

Weekly Benefit - Total and Partial Disability

If You are Totally Disabled, the Weekly Benefit is the lesser of:

- (a) 60% of Your Weekly Earnings, less Other Income Benefits; or
- (b) the Maximum Weekly Benefit. The Maximum Weekly Benefit is \$1,000, less any Other Income Benefits.

If You are Partially Disabled and unable to generate Current Earnings that exceed 99% of Your Weekly Earnings, the Weekly Benefit will be the Weekly Benefit payable while Partially Disabled, unless the sum of:

- (a) the Gross Weekly Benefit while You are Totally Disabled; plus
- (b) Other Income Benefits You receive or are eligible to receive; plus
- (c) Current Earnings while You are Partially Disabled;

exceeds 100% of Your Weekly Earnings. If this sum exceeds 100% of Your Weekly Earnings, the Weekly Benefit will be reduced by that excess amount.

NOTE: Your Weekly Benefit, as calculated above, will be reduced by the amount of any formal salary continuance, sick leave benefits or severance pay for which You are eligible or that You are receiving from the Policyholder that, when combined with Your Gross Weekly Benefit, exceeds 100% of Your Weekly Earnings.

Minimum Weekly Benefit

If subtracting Other Income Benefits from Your Gross Weekly Benefit results in a zero benefit, a Minimum Weekly Benefit of \$25 will be paid. We may apply this amount towards any outstanding overpayment.

Maximum Benefit Period

The maximum number of weeks that benefits are payable for a continuous period of Total or Partial Disability is 13 weeks, or until benefits become payable under Our Long Term Disability Plan, if eligible, whichever occurs first.

Other Income Benefits

We take into account Your income from other sources in determining the amount of Your Weekly Benefit. Your Other Income Benefits are any of the following amounts that You receive or are eligible to receive as a result of Your Total or Partial Disability, unless the amounts are received as a result of Your retirement:

1. Any amounts under another group or individual insurance policy or plan for which the Policyholder has paid any part of the cost or for which the Policyholder has made payroll deductions, except any group disability insurance policy or plan underwritten by United of Omaha Life Insurance Company. Any benefits payable by a group policy underwritten by United of Omaha Life Insurance Company will not be considered as Other Income Benefits.
2. Any amounts as disability income payments under any:
 - (a) state compulsory benefit act or law; or
 - (b) government retirement system as a result of Your job with the Policyholder; or
 - (c) any work loss provision in a no-fault motor vehicle insurance plan, unless state law or regulation does not allow group disability income benefits to be reduced by benefits from no-fault motor vehicle coverage.

3. Any amount of Retirement Benefits under the Policyholder's Retirement Plan. Benefits payable before the plan's normal retirement age are considered Other Income Benefits only if You voluntarily elect to receive these benefits.
4. Any benefits for You or Your spouse and child(ren) under:
 - (a) the Public Employee Retirement Plan; or
 - (b) the Teachers Employment Retirement Plan.
5. Any amount payable as;
 - (a) salary continuance, except paid time off (PTO), vacation or any earned time off program;
 - (b) sick leave; or
 - (c) severance allowance.
6. Any amount from a third party (after subtracting attorneys' fees) by judgment, settlement or otherwise.
7. Any amounts from any unemployment insurance law or program.

Explanation of Other Income Benefits

You must apply for Other Income Benefits for which You are or may become eligible and do what is needed to obtain them.

As part of Your proof of Total or Partial Disability, We require that You furnish evidence to Us that You have applied for Other Income Benefits for which You are or may become eligible.

After the first reduction for each of the Other Income Benefits, We will not further reduce Your Weekly Benefit due to any cost of living increases payable under these Other Income Benefits.

Other Income Benefits that are paid in a lump sum will be prorated on a weekly basis over a period for which the sum is given. If no time period is stated, the sum will be prorated on a weekly basis over the lesser of the following:

- (a) The Policy's Maximum Benefit Period; or
- (b) 12 equal payments.

If Other Income Benefits which are paid in a lump sum are paid on a retroactive basis, then we may adjust the Weekly Benefit to recover any overpayment.

Until You have signed Our Reimbursement Agreement and have given written proof to Us that application has been made or all available appeals have been exhausted for Other Income Benefits, We may:

- (a) estimate Your Other Income Benefits; and
- (b) reduce Your Weekly Benefit by that amount.

If We reduce Your benefit on this basis, and if all of Your appeals are denied, We will restore the reduced amounts to You in one payment.

EMPLOYEE ELIGIBILITY

Disability Insurance

Definitions

Terms defined in this provision may be used in, or apply to other provisions throughout this Policy, Certificate and any Riders. Definitions of other terms may be found in other provisions. Any singular word shall include any plural of the same word.

Active Employment or Actively Employed means Actively Working on a regular and consistent basis for the Policyholder 30 or more hours each week. A Totally or Partially Disabled Employee will not be considered actively employed.

Actively Working or Active Work means performing the normal duties of a regular job for the Policyholder at:

- (a) the Policyholder's usual place of business;
- (b) an alternative work site at the direction of the Policyholder; or
- (c) a location to which one must travel to perform the job.

An Employee will be considered Actively Working on any day that is:

- (a) a regular paid holiday or day of vacation; or
- (b) a regular or scheduled non-working day;

provided the Employee was actively working on the last preceding regular work day.

If an Employee's customary place of employment is at home, the Employee will be considered actively working if not confined on that day as described in the Confinement Rule.

Confinement Rule

1. If an eligible Employee is confined due to an Injury or Sickness:

- (a) in a Hospital as an inpatient;
- (b) in any institution or facility other than a Hospital; or
- (c) at home and under the supervision of a Physician;

insurance will begin on the day the Employee returns to Active Employment.

2. If an eligible Employee is Actively Employed and is not:

- (a) confined; and
- (b) available for work because of an Injury or Sickness;

insurance will begin on the day the Employee returns to Active Employment.

Employee means a person who receives compensation from the Policyholder for work performed for the Policyholder. An employee will not include a person who is unauthorized to work in the United States pursuant to the Immigration and Nationality Act and related rules and regulations.

The term Employee does not include any person performing services for the Policyholder:

- (a) pursuant to an independent contractor relationship with the Policyholder;
- (b) subject to the terms of a leasing agreement between the Policyholder and a leasing organization;
- (c) who receives income which is reported by the Policyholder on IRS form 1099;
- (d) while outside the United States for any period in excess of 12 consecutive months, unless approval has been received from the Home Office;
- (e) on a seasonal basis; or
- (f) on a temporary basis.

Eligible Employees

An Employee who has completed 30 days of continuous Active Employment on or before October 1, 2008 becomes eligible for insurance under this Policy on October 1, 2008.

An Employee who is not eligible for insurance under this Policy on October 1, 2008, or an Employee who is hired after October 1, 2008, becomes eligible for insurance under this Policy on the day following completion of 30 days of continuous Active Employment.

The First Enrollment Period

An eligible Employee must request insurance by:

- (a) properly completing and signing an enrollment form acceptable to Us; and
- (b) submitting the form to the Policyholder.

An eligible Employee's first enrollment period is the 30 day period following the day the Employee becomes eligible. If We receive an Employee's properly completed and signed enrollment form within the first enrollment period, the Employee will become insured on the first day of the Policy month which coincides with or follows the later of:

- (a) the day the Employee becomes eligible; or
- (b) the date the enrollment form is properly completed and signed by the Employee;

provided the Employee is Actively Working on that day. If the Employee is not Actively Working on that day, insurance will begin on the day the Employee returns to Active Work.

Subsequent Enrollment Periods

Subsequent enrollment periods will be allowed in which an Employee may elect, drop or change insurance. A subsequent enrollment period is any period designated by the Policyholder and agreed to by Us, but in no event will any such period exceed 30 consecutive calendar days.

If an eligible Employee did not elect insurance under this Policy during any enrollment period, future elections may be made during subsequent enrollment periods, or as otherwise allowed by the Policyholder. If enrolling outside of a subsequent enrollment period, the eligible Employee must provide evidence of good health which is acceptable to Us. The Employee will become insured on the first day of the Policy month which coincides with or follows the later of:

- (a) the day the Employee becomes eligible; or
- (b) the date the enrollment form is properly completed and signed by the Employee;

provided the Employee is Actively Working on that day. If the Employee is not Actively Working on that day, insurance will begin on the day the Employee returns to Active Work.

If You request to drop or decrease insurance during a subsequent enrollment period, or as otherwise allowed by the Policyholder, such change will take effect on the day of the change.

Evidence of Good Health

If an Employee's properly completed and signed enrollment form is received more than 31 days after the Employee becomes eligible, the Employee must provide Us with evidence of good health. If such evidence is acceptable to Us, We will determine the day insurance begins.

Reinstatement of Insurance

If an eligible Employee wants to reinstate insurance after insurance has ended, the following will apply:

- (a) Rehire: If insurance ended because the Employee ceased to be eligible under this Policy and the Employee becomes eligible again within 90 days after insurance ended, the waiting period will be waived. All other Policy provisions, including Preexisting Conditions, will apply.
- (b) If insurance ended because the eligible Employee voluntarily let insurance lapse, the Employee must provide evidence of good health to Us. If such evidence is acceptable to Us, We will determine the day insurance is reinstated.

When Your Classification or Amount of Insurance Changes

Any change in Your classification, coverage or amount of Your insurance as shown in the Schedule will take effect on the day of the change, provided You are Actively Working on that day. If You are not Actively Working on that day, the following conditions will apply:

- (a) If the change involves an increase in amount of insurance, the change will not take effect until the day You return to Active Work.
- (b) If the change involves a decrease in amount of insurance, the change will take effect on the day of the change.

In no event will any change take effect during a period of Total or Partial Disability.

When Your Insurance Ends

Your insurance will end at midnight at the main office of the Policyholder on the earliest of:

- (a) the day this Policy ends;
- (b) the day any premium contribution for Your insurance is due and unpaid;
- (c) the day before You enter the Armed Forces on active duty (except for temporary active duty of two weeks or less); or
- (d) the day You are no longer eligible. You will no longer be eligible when the earliest of the following occurs:
 - (1) You are not in an eligible classification described in the Schedule;
 - (2) Your employment with the Policyholder ends;
 - (3) You are not Actively Employed; or
 - (4) You do not satisfy any other eligibility condition described in this Policy. We will provide benefits for a payable claim which occurs while You are covered under this Policy.

Continuation of Insurance During Total or Partial Disability

If You become Totally Disabled or Partially Disabled, Your insurance will continue for as long as You are entitled to receive Weekly Benefits. Any premium payment for Your insurance that is paid by You through payroll deduction will be waived from the first day of the month following the date of Your approved disability through the last day of the month following the last date of Your disability benefit payments.

RIDER
FAMILY AND MEDICAL LEAVE
as Federally Mandated

This Rider is made a part of Group Policy GUC-ABAJ.

This Rider is effective on the latest of:

- (a) the effective date of the Policy;
- (b) the day You become insured under the Policy; or
- (c) the date required by Federal law.

In the event of a conflict between this Rider and any other provision of the Policy, including the Certificate, this Rider shall control.

Definitions

Serious Health Condition has the meaning set forth in the Family and Medical Leave Act of 1993 (FMLA) (including any amendments to the FMLA).

Family and Medical Leave

If You become eligible for a family or medical leave of absence in accordance with the FMLA, Your insurance coverage may be continued on the same basis as if You were Actively at Work for up to 12 weeks during a 12 month period, as defined by the Policyholder, for any of the following reasons:

- (a) to care for Your child after the birth or placement of a child with You for adoption or foster care; so long as such leave is completed within 12 months after the birth or placement of the child;
- (b) to care for Your spouse, child, foster child, adopted child, stepchild, or parent who has a Serious Health Condition; or
- (c) for Your own Serious Health Condition.

In the event You or Your spouse are both insured as employees of the Policyholder, the continued coverage under (a) may not exceed a combined total of 12 weeks. In addition, if the leave is taken to care for a parent with a Serious Health Condition, the continued coverage may not exceed a combined total of 12 weeks.

Conditions

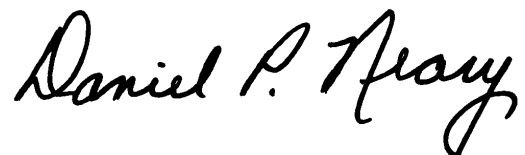
1. If, on the day Your insurance is to begin, You are already on an FMLA leave of absence for any reason other than Your own Serious Health Condition, You will be considered Actively at Work.
2. If You begin an FMLA leave of absence after You have been insured under this Policy, the amount of Your insurance benefits will be the same as that which was in effect on the day before Your FMLA leave started, subject to any reductions in benefits in accordance with the terms of the Policy.

3. You are eligible to continue coverage under FMLA if:
 - (a) You have worked for the Policyholder for at least one (1) year;
 - (b) You have worked at least 1,250 hours over the previous 12 months;
 - (c) The Policyholder employs at least 50 employees within 75 miles from Your worksite; and
 - (d) You continue to pay any required premium for Yourself in a manner determined by the Policyholder.
4. In the event You choose not to pay any required premium during Your leave, Your insurance coverage will not be continued during the leave. You will be able to reinstate Your coverage on the day You return to work, subject to any changes that may have occurred in the Policy during the time You were not insured. You will not be subject to any evidence of good health requirement provided under the Policy. Any partially-satisfied waiting periods, including any limitations for a preexisting condition, which are interrupted during the period of time premium was not paid will continue to be applied once coverage is reinstated.
5. You are subject to all conditions and limitations of the Policy during Your leave, except that anything in conflict with the provisions of the FMLA will be construed in accordance with the FMLA.
6. If requested by Us, You or the Policyholder must submit proof acceptable to Us that Your leave is in accordance with FMLA.
7. This FMLA continuation is concurrent with any other continuation option.
8. FMLA continuation ends on the earliest of:
 - (a) the day You return to work;
 - (b) the day You notify the Policyholder that You are not returning to work;
 - (c) the day Your coverage would otherwise end under the Policy; or
 - (d) the day coverage has been continued for 12 weeks.

Important Notice

Contact the Policyholder for additional information regarding FMLA eligibility.

UNITED OF OMAHA LIFE INSURANCE COMPANY

A handwritten signature in black ink that reads "Daniel P. Feary". The signature is written in a cursive, flowing style.

Chairman of the Board and Chief Executive Officer

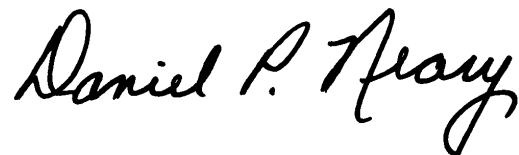
RIDER

This rider is made a part of Group Policy GUC-ABAJ.

This rider is effective the later of October 1, 2008, or the day You become insured under the Policy.

The term "waiting period" wherever used in the policy is changed to read "elimination period".

UNITED OF OMAHA LIFE INSURANCE COMPANY

A handwritten signature in black ink that reads "Daniel P. Feary". The signature is written in a cursive style with a large, looped initial 'D'.

Chairman of the Board and Chief Executive Officer

SHORT-TERM DISABILITY BENEFITS

Benefits

If, while insured under this provision, You become Totally Disabled or Partially Disabled due to Injury or Sickness, We will pay the Weekly Benefit shown in the Schedule. Benefits will begin after You satisfy the Elimination Period shown in the Schedule.

Pre-existing Conditions

We will not provide benefits for Total or Partial Disability:

- (a) caused by, contributed to by, or resulting from a Pre-existing Condition; and
- (b) which begins in the first 6 months after You are continuously insured under this Policy.

A **Pre-existing Condition** means any Injury or Sickness for which You received medical treatment, advice or consultation, care or services including diagnostic measures, or had drugs or medicines prescribed or taken in the 3 months prior to the day You become insured under this Policy.

Effect of a Pre-existing Condition - Prior Group Total or Partial Disability Plan Coverage

If You become insured under the Policy on its effective date and were covered under a group Total or Partial Disability plan maintained by the Policyholder immediately prior to the effective date of Your coverage under this plan, any benefits payable under this plan for a Total or Partial Disability due to a Pre-existing Condition will be determined as follows:

- (a) If You cannot satisfy the Pre-existing Conditions provision of this plan, but have satisfied the pre-existing conditions limitations under the prior Total or Partial Disability plan, giving consideration towards continuous time covered under both plans, We will pay the benefits under this plan; or
- (b) If You cannot satisfy the Pre-existing Conditions limitations under this plan or under the prior plan, no benefits will be payable under this plan.

Effect of a Pre-existing Condition - Prior Individual Worksite Total or Partial Disability Plan Coverage

If You become insured under this plan on its effective date and were covered under an individual worksite Total or Partial Disability plan obtained through the Policyholder immediately prior to the effective date of this plan, We will pay the benefit payable under this plan. The Pre-existing Conditions provision of this plan will not apply.

Recurrent Disability

A Recurrent Disability will be treated as part of Your prior claim and You will not be required to satisfy another Elimination Period if:

- (a) You were continuously insured under the Policy for the period between Your prior claim and Your Recurrent Disability; and
- (b) Your Recurrent Disability occurs within 90 days of the end of Your prior claim.

In order to prevent over-insurance because of duplication of benefits, benefits payable under this Recurrent Disability provision will cease if benefits are payable to You under any other group Total or Partial Disability income policy or plan.

Survivor Benefit

If You die while You are receiving or are eligible to receive Weekly Benefits under this Policy, We will pay to Your Eligible Survivor a survivor benefit. The survivor benefit will be an amount equal to the total Weekly Benefits that would be payable for:

- (a) the Maximum Benefit Period; or
- (b) 13 weeks;

whichever is lesser. Such survivor benefit will be reduced by any benefits already paid to You.

Eligible Survivor means Your spouse, if living; otherwise, it means Your natural and/or adopted children who are living and under age 25. An Eligible Survivor must be living at the time of Your death.

If a survivor benefit is payable to Your child and, if there is more than one such child, then the survivor benefit will be divided equally among such children.

If payment becomes due to Your child or children, the payment will be made to:

- (a) Your child or children; or
- (b) a person named by Us to receive payments on the child's or children's behalf. This payment will be valid and effective against all claims by the child or children or by others representing or claiming to represent said child or children.

When Benefits End

Benefits will be paid during a period of Total or Partial Disability until the earliest of:

- (a) the day You are no longer Totally Disabled or Partially Disabled;
- (b) the day You die;
- (c) the end of the Maximum Benefit Period shown in the Schedule;
- (d) the day You fail to provide Us satisfactory proof of continuous Total or Partial Disability and/or any Current Earnings during Partial Disability;
- (e) the day You fail to comply with Our request to be examined by a Physician of Our choice;

- (f) the day You are not under Regular Care for the Injury or Sickness that caused the Total or Partial Disability; or
- (g) the day You are able to return to work on a part-time or full-time basis and do not do so.

General Exclusions

We will not pay benefits for any Total or Partial Disability which is caused by, contributed to by, or resulting from:

- (a) declared or undeclared war or any act of war or armed aggression;
- (b) Your participation in a riot, insurrection or rebellion;
- (c) Your commission of a felony for which You have been charged under state or federal law;
- (d) an intentionally self-inflicted Injury or Sickness, whether You are sane or insane;
- (e) attempted suicide, whether You are sane or insane; or
- (f) an occupational Sickness or Injury and You are eligible to receive benefits under Workers' Compensation or any other Act or law of like intent.

We also will not pay benefits for any Total or Partial Disability:

- (a) while You are incarcerated or imprisoned for any period exceeding 60 days; or
- (b) that is solely a result of a loss of a professional license, occupational license or certification.

PAYMENT OF CLAIMS

How To File Claims

It is important for You to notify Us of Your claim as soon as possible so that a claim decision can be made in a timely manner. Before Your claim can be considered, We must be given a written proof of loss, as described below. In the event of Your death or incapacity, Your beneficiary or someone else may give Us the proof.

Proof of Loss Requirements

1. First, request a claim form from the Plan Administrator or from Us.

This request should be made:

- (a) within 20 days after a loss occurs; or
- (b) as soon as reasonably possible.

When We receive the request, We will send a claim form for filing proof of loss. If You do not receive the form within 15 days of Your request, You can meet the proof of loss requirement by giving Us a written statement of what happened. Such statement should include:

- (a) that You are under the Regular Care of a Physician;
 - (b) the appropriate documentation of Your job duties at Your regular job and Your Weekly Earnings;
 - (c) the date Your Disability began;
 - (d) the cause of Your Disability;
 - (e) any restrictions and limitations preventing You from performing Your regular job;
 - (f) the name and address of any Hospital or institution where You received treatment, including attending Physicians.
2. Next, You and Your employer must complete and sign Your sections of the claim form, and then give the claim form to the Physician. Your Physician should fill out his or her section of the form, sign it, and send it directly to Us.
 3. The claim form must be sent to Us within 90 days after the end of each period for which We are liable; or as soon as reasonably possible. If it is not possible to give Us proof within 90 days after each period for which We are liable, it must be given to us no later than one year after the time proof of loss is otherwise required, unless the claimant is not legally capable.

How Claims are Paid

Benefits will be paid after We receive acceptable proof of loss.

Benefits will be paid to You, except benefits due but unpaid at Your death may be paid, at Our option, to:

- (a) any member of Your family; or
- (b) Your estate.

This provision does not apply to any Survivor Benefits payable under the Policy.

Examination

We sometimes require that a claimant be examined by a Physician or vocational rehabilitation expert of Our choice. We will pay for these examinations. We will not require more than a reasonable number of examinations.

Overpayments

We have the right to recover any overpayments due to:

- (a) fraud;
- (b) any error We make in processing a claim; and
- (c) Your receipt of Other Income Benefits.

You must reimburse Us in full. We will determine the method by which the repayment is to be made.

We will not recover more money than the amount We paid You.

Authority to Interpret Policy

The Policyholder has delegated to Us the discretion to determine eligibility for benefits and to construe and interpret all terms and provisions of the Policy. Benefits under the Policy will be paid only if We decide, after exercising Our discretion, that the Insured Person is entitled to them. In making any decision, We may rely on the accuracy and completeness of any information furnished by the Policyholder, an Insured Person or any other third parties.

The Insured Person has the right to request a review of Our decision. If, after exercising the Policy's review procedures, the Insured Person's claim for benefits is denied or ignored, in whole or in part, the Insured Person may file suit and a court will review the Insured Person's eligibility or entitlement to benefits under the Policy.

DISABILITY CLAIM REVIEW PROCEDURES

DEFINITIONS

An “**Adverse Benefit Determination**” means a denial, reduction, or termination of, or a failure to provide or make payment (in whole or in part) for a benefit, including any such denial, reduction, termination, or failure to provide or make payment that is based on a determination of Your eligibility to participate in a plan.

A document, record, or other information will be considered “**Relevant**” to a claim if it:

- (a) was relied upon in making the claim decision;
- (b) was submitted, considered, or generated in the course of making the claim decision, without regard to whether it was relied upon in making the claim decision;
- (c) demonstrates compliance with administrative processes and safeguards designed to ensure and verify that claim decisions are made in accordance with the Policy and that, where appropriate, Policy provisions have been applied consistently with respect to similarly situated claimants; or
- (d) constitutes a statement of policy or guidance with respect to the Policy concerning the denied benefit for the diagnosis, without regard to whether such advice or statement was relied upon in making the claim decision.

INITIAL CLAIM DECISION

Initial Claim Decision. We will make a claim decision regarding Your disability claim within 45 days after Our receipt of the claim.

Extensions. This 45 day period may be extended for up to 30 days, if We (1) determine that such an extension is necessary due to matters beyond Our control and (2) notify You, prior to the expiration of the initial 45 day period, of the circumstances requiring the extension and the date by which We expect to render a decision. If, prior to the end of the first 30 day extension period, We determine that, due to matters beyond Our control, a decision cannot be rendered within that extension period, the period for making the decision may be extended for up to an additional 30 days; provided that We notify You, prior to the expiration of the first 30 day extension period, of the circumstances requiring the extension and the date as of which We expect to render a decision.

Notice of Extension. Our notice of extension will specifically explain the standards on which entitlement to a benefit is based, the unresolved issues that prevent a claim decision and the additional information needed to resolve those issues. You will have 45 days within which to provide the specified information.

Time Periods. The period of time within which a claim decision is required to be made will begin at the time a claim is filed, without regard to whether all the information necessary to make a claim decision accompanies the filing. If a period of time is extended as described above due to Your failure to submit information necessary to decide a claim, the period for making the claim decision will be “tolled” or suspended from the date on which notice of the extension is sent to You until the earlier of: (1) the date on which We receive Your response; or (2) the date established by Us in the notice of extension for the furnishing of the requested information.

NOTICE OF ADVERSE BENEFIT DETERMINATION

We will provide written or electronic notice of any Adverse Benefit Determination within 45 days after Our receipt of the claim, subject to the extensions described above. The notice will include:

- (a) the specific reason(s) for the Adverse Benefit Determination;
- (b) reference to the specific Policy provision(s) on which the Adverse Benefit Determination is based;
- (c) a description of any additional material or information necessary to complete the claim and the reason We need the material or information;
- (d) a description of the Policy's appeal procedures, including the time limits for such procedures;
- (e) if an internal rule, guideline, protocol, or other similar criterion was relied upon in making the Adverse Benefit Determination, a statement that it was relied upon in making the Adverse Benefit Determination and that a copy of such rule, guideline, protocol, or other criterion will be provided free of charge to You upon request; and
- (f) if the Adverse Benefit Determination was based on a medical necessity or experimental treatment or similar exclusion, a statement that it was relied upon in making the Adverse Benefit Determination and that an explanation of the scientific or clinical judgment for the determination will be provided free of charge to You upon request.

APPEALS OF ADVERSE BENEFIT DETERMINATIONS

You may appeal within 180 days following Your receipt of notification of an Adverse Benefit Determination.

The request for an appeal should include:

- (a) Your name;
- (b) the name of the person filing the appeal if different from You;
- (c) the Policy number; and
- (d) the nature of the appeal.

You will have the opportunity to submit written comments, documents, records, and other information relating to the claim.

You will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information Relevant to the claim.

Our review will take into account all comments, documents, records, and other information submitted by You relating to the claim, without regard to whether such information was submitted or considered in the initial claim decision.

Our review will not give deference to the initial Adverse Benefit Determination.

Our review will be conducted by an individual who is neither the individual who made the Adverse Benefit Determination that is the subject of the appeal, nor the subordinate of such individual.

We will identify any medical or vocational experts whose advice was obtained in connection with an Adverse Benefit Determination, without regard to whether the advice was relied upon in making the benefit determination.

In deciding an appeal of any Adverse Benefit Determination that is based in whole or in part on a medical judgment, the individual conducting the appeal will consult with a health care professional:

- (a) who has appropriate training and experience in the field of medicine involved in the medical judgment; and
- (b) who is neither an individual who was consulted in connection with the Adverse Benefit Determination that is the subject of the appeal, nor the subordinate of any such individual.

APPEAL DECISION

Notice of Appeal Decision. We will notify You of Our appeal decision within 45 days after receipt of Your timely appeal request, unless We determine that special circumstances require an extension of time for processing the appeal. We will provide You with written or electronic notice of Our appeal decision.

Notice of an Adverse Benefit Determination will include:

- (a) the specific reason(s) for the Adverse Benefit Determination;
- (b) reference to the specific Policy provision(s) on which the Adverse Benefit Determination is based;
- (c) a statement that You are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information Relevant to Your claim;
- (d) if an internal rule, guideline, protocol, or other similar criterion was used in making the Adverse Benefit Determination, a statement that it was used in making the Adverse Benefit Determination and that a copy of such rule, guideline, protocol, or other criterion will be provided free of charge to You upon request; and
- (e) if the Adverse Benefit Determination was based on a medical necessity or experimental treatment or similar exclusion, a statement that it was relied upon in making the Adverse Benefit Determination and that an explanation of the scientific or clinical judgment for the determination will be provided free of charge to You upon request.

Notice of Extension. If We determine that an extension is required, We will notify You in writing of the extension prior to the termination of the initial 45 day period. In no event will the extension exceed 45 days from the end of the initial period. The extension notice will indicate the special circumstances requiring the extension and the date by which We expect to render the appeal decision.

Time Periods. The period of time within which an appeal decision is required to be made will begin at the time an appeal is timely filed, without regard to whether all the information necessary to make an appeal decision accompanies the filing. If a period of time is extended as described above due to Your failure to submit information necessary to decide a claim, the period for making the appeal decision shall be “tolled” or suspended from the date on which the extension notice is sent to You until the earlier of (1) the date on which We receive Your response; or (2) the date established by Us in the notice of extension for the furnishing of the requested information.

STANDARD PROVISIONS

Insurance Contract

The insurance contract consists of:

- (a) the Policy;
- (b) the Policyholder's application attached to the Policy; and
- (c) Your application, if required.

Changes in the Insurance Contract

The insurance contract may be changed (including reducing or terminating benefits or increasing premium costs) any time We and the Policyholder both agree to a change. No one else has the authority to change the insurance contract. A change in the insurance contract:

- (a) does not require Your or Your beneficiary's consent; and
- (b) must be:
 - (1) in writing;
 - (2) made a part of the Policy; and
 - (3) signed by one of Our officers.

A change may affect any class of Insured Persons, including retirees if retired coverage is included in the Policy.

Applications

We may use misstatements or omissions in Your application to contest the validity of insurance, reduce coverage or deny a claim, but We must first furnish You or Your beneficiary with a copy of that application. We will not use Your application to contest or reduce insurance which has been in force for two years or more during Your lifetime. However, if You are not eligible for insurance, there is no time limit on Our right to contest insurance or deny a claim.

Statements in an application are treated as representations, not as warranties.

Legal Actions

No legal action can be brought until at least 60 days after We have been given written proof of loss. No legal action can be brought after the expiration of the applicable statute of limitations from the time written proof of loss is required to be given.

SHORT-TERM DISABILITY DEFINITIONS

Terms defined in this provision are used in, or apply to, other provisions throughout the Policy, Certificate and any Riders. Definitions of other terms may be found in other provisions. Any singular word shall include any plural of the same word.

Appropriate Care and Treatment means medical care and treatment that meet all of the following:

- (a) It is received from a Physician whose expertise, medical training and clinical experience are suitable for treating Your Injury or Sickness;
- (b) It is Medically Necessary;
- (c) It is consistent in type, frequency and duration of treatment with relevant guidelines based on national medical research or published by health care organizations and government agencies;
- (d) It is consistent with the diagnosis of Your condition; and
- (e) Its purpose is to improve Your medical condition and thereby aid in Your ability to return to work.

Current Earnings means any actual pre-tax weekly income You receive while You are working and eligible to receive a Weekly Benefit, or the pre-tax earnings You could receive if You were working at Your Maximum Capacity. If Your current earnings fluctuate, We reserve the option to average Your current earnings over the most recent three-week period to determine if Your claim should continue.

Deferred Compensation means contributions You make through a salary reduction agreement with Your employer to a plan or arrangement under Internal Revenue Code (IRC) §:

- (a) 401(k);
- (b) 403(b);
- (c) 408(k);
- (d) 457 Deferred Compensation arrangement; or
- (e) any other deferred compensation agreement or arrangement defined under the Internal Revenue Code.

Elimination Period means the number of days of Total and/or Partial Disability which must be satisfied before You are eligible to receive benefits. The elimination period is shown in the Schedule. The elimination period begins on the first day of Total or Partial Disability.

Full-Time means working the required number of hours to be considered a full-time employee of the Policyholder.

Gross Weekly Benefit means Your Weekly Benefit amount before any reduction for Other Income Benefits and Current Earnings.

Hospital means an accredited facility licensed by the proper authority of the area in which it is located to provide care and treatment for the condition causing Your Total or Partial Disability. A hospital does not include a facility or institution or part of a facility or institution which is licensed or used principally as a clinic, convalescent home, rest home, nursing home or home for the aged, halfway house or board and care facilities.

Injury means an accidental bodily injury which is the direct result of a sudden, unexpected and unintended external force or element, such as a blow or fall, that requires treatment by a Physician. It must be independent of Sickness or any other cause, including, but not limited to, complications from medical care. Total or Partial Disability due to such injury must begin while You are insured under the Policy. Injury does not include elective cosmetic surgery or procedures.

Material Duties means the essential tasks, functions, and operations relating to Your Regular Job that cannot be reasonably omitted or modified.

Maximum Capacity means, based on Your medical restrictions and limitations, the greatest extent of work You are able to do in Your Regular Job.

Medically Necessary means care that is ordered, prescribed or rendered by a Physician or Hospital and is determined by Us, or a qualified party or entity selected by Us, to be:

- (a) provided for the diagnosis or direct treatment of Your Injury or Sickness;
- (b) appropriate and consistent with the symptoms and findings or diagnosis and treatment of Your Injury or Sickness; and
- (c) provided in accordance with generally accepted professional standards and/or medical practice.

Partial Disability and Partially Disabled means that because of an Injury or Sickness, a significant change in Your mental or physical functional capacity has occurred in which You, while unable to perform all of the Material Duties of Your Regular Job on a full-time basis, are:

- (a) able to perform the Material Duties of Your Regular Job on a part-time or full-time basis; and
- (b) unable to generate Current Earnings which exceed 99% of Your Weekly Earnings due to that same Injury or Sickness.

Partial disability is determined relative to Your ability or inability to work. It is not determined by the availability of a suitable position with Your employer.

Physician means any of the following licensed practitioners:

- (a) a doctor of medicine (MD), osteopathy (DO), podiatry (DPM) or chiropractic (DC);
- (b) a licensed doctoral clinical psychologist; or
- (c) where required by law, any other licensed practitioner who is acting within the scope of his/her license.

A physician does not include You, a person who lives with You or is a part of Your family (Your spouse; or a child, brother, sister or parent of You or Your spouse).

Policyholder's Retirement Plan means any retirement plan:

- (a) which is part of any federal, state, county, municipal or association retirement system; and

(b) for which You are eligible as a result of employment with the Policyholder.

Recurrent Disability means a Total or Partial Disability which is related to or due to the same cause(s) of a prior Total or Partial Disability for which You received a Weekly Benefit under this Policy.

Regular Care means:

- (a) You visit a Physician as frequently as is medically required, according to standard medical practice, to effectively manage and treat Your disabling condition; and
- (b) You receive Appropriate Care and Treatment.

Regular Job means the occupation You are routinely performing when Your Total or Partial Disability begins.

Retirement Benefit means money which:

- (a) is payable under a Retirement Plan either in a lump sum or in the form of periodic payments;
- (b) does not represent contributions made by You; and
- (c) is payable upon the later of:
 - (1) early or normal retirement as defined in the Policyholder's Retirement Plan or under the U.S. Social Security Act; or
 - (2) Total or Partial Disability, if the payment does not reduce the amount of money which would have been paid at the normal retirement age under the plan if the Total or Partial Disability had not occurred.

NOTE: Regardless of how the retirement funds from the Retirement Plan are distributed, We will consider Your contributions and Your employer's contributions to be distributed simultaneously during Your lifetime.

Retirement Plan means a plan which provides Your Retirement Benefits and which is not funded wholly by Your contributions. The term shall not include a profit-sharing plan or a plan such as a 401(k), a thrift plan, an individual retirement account (IRA), a tax sheltered annuity (TSA), a stock ownership plan, or a non-qualified plan of Deferred Compensation.

Rider means a provision added to the Policy or Your Certificate to expand or limit benefits or coverage.

Sickness means a disease, disorder or condition, including pregnancy, for which you are under the care of a Physician. Total or Partial Disability must begin while you are insured under the Policy. Sickness does not include elective cosmetic surgery or procedures.

Total Disability and Totally Disabled means that because of an Injury or Sickness, a significant change in Your mental or physical functional capacity has occurred in which You are prevented from performing all of the Material Duties of Your Regular Job on a full-time basis.

Total disability is determined relative to Your ability or inability to work. It is not determined by the availability of a suitable position with Your employer.

We, Our, Us means the Insurance Company shown on Your Certificate of Insurance.

You, Your and Insured Person means an insured employee or member.

Group Policy Number GUC-ABAJ



Mutual of Omaha

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