United of Omaha Life Insurance Company

A Mutual of Omaha Company

# › Voluntary Long-Term Disability Insurance

## Your Ability to Earn an Income May Be Your Most Important Asset

Most people don't think twice about insuring their home, automobile or health. However, many people don't recognize just how important it is to insure their income.

### We've Got You Covered

As an active employee of Monarch Cement Company, you have access to a disability income insurance policy.

A lengthy disability can be devastating, and is more common than you might think. It may lead to a loss of income, independence and financial security.

A disability income insurance policy can help provide security when you need it most. It pays you cash benefits when you're sick or hurt and can't work.

Coverage guidelines and benefits are outlined in the chart below.



| ELIGIBILITY - ALL ELIGIBLE EMPLOYEES | |
|---|---|
| **Eligibility Requirement** | You must be actively working a minimum of 30 hours per week to be eligible for coverage. |
| **Premium Payment** | The premiums for this insurance are paid in full by you. |
| **BENEFITS** | |
| **Elimination Period** | Your benefits begin on the later of 90 calendar days after the onset of your disabling injury or illness or the date your short-term disability ends. |
| **Monthly Benefit** | Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources.<br><br>The premium for your long-term disability coverage is waived while you are receiving benefits. |
| **Maximum Monthly Benefit** | $5,000 |
| **Minimum Monthly Benefit** | $100 |
| **Maximum Benefit Period** | If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule. |

| | |
|---|---|
| **Partial Disability Benefits** | If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits. |
| **DEFINITIONS** | |
| **Own Occupation** | 2 Years |
| **Own Occupation Earnings Test** | 99% |
| **Definition of Monthly Earnings** | Monthly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 12. Monthly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per month during the 6 month period immediately prior to the date disability begins. If employed for part of the prior 6 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked. |
| **FEATURES** | |
| **Vocational Rehabilitation Benefit** | If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%. |
| **Survivor Benefit** | If you pass away while receiving disability benefits, a lump sum equal to 3 times your monthly benefit will be paid to your eligible survivor. |
| **Reasonable Accommodation** | Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work. |
| **SERVICES** | |
| **Hearing Discount Program** | The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more. |

## VOLUNTARY LONG-TERM DISABILITY PREMIUM CALCULATION

Use the rates in the Age/Premium Factor Table to calculate your premium for voluntary long-term disability coverage in the worksheet below, using the example as a guide.

| MONTHLY PREMIUM CALCULATION | | EXAMPLE *(42-year-old employee earning $40,000 a year)* |
|---|---|---|
| List your monthly earnings (Maximum is $8,333.33) | $ _____ | $ *3,333.33* |
| Multiply by the premium factor | _____ | *0.0039000* |
| Your Estimated Monthly Premium** | $ _____ | $ *13.00* |

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

| AGE | PREMIUM FACTOR |
|---|---|
| < 20 | 0.0009000 |
| 20 - 24 | 0.0010000 |
| 25 - 29 | 0.0013000 |
| 30 - 34 | 0.0018000 |
| 35 - 39 | 0.0026000 |
| 40 - 44 | 0.0039000 |
| 45 - 49 | 0.0057000 |
| 50 - 54 | 0.0089000 |
| 55 - 59 | 0.0114000 |
| 60 - 64 | 0.0130000 |
| 65 - 69 | 0.0136000 |
| 70+ | 0.0143000 |

# Frequently Asked Questions

## Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

## How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

## Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, paid family leave, salary continuance/sick leave, settlements on payments received and no-fault benefits.

## Does this plan cover me if I become disabled due to an injury at work?

Yes, your LTD insurance provides benefits for both on-the-job and off-the-job coverage for disabilities due to injury or sickness.

## Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Disabilities related to alcohol and drug abuse are only payable for up to 24 months while insured under the policy.
- Disabilities related to mental disorders are only payable for up to 24 months while insured under the policy.
- Disabilities related to self-reported conditions and specific conditions are only payable for up to 24 months while insured under the policy.
- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 12/12 which means any condition that you receive medical attention for in the 12 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.

Benefits are not payable for any disability or loss that:

- Results from an act of declared or undeclared war or armed aggression
- Results from participation in a riot or commission of or attempt to commit a felony
- Results from elective or cosmetic surgery or procedure, or resulting complications, unless such surgery or procedure is medically necessary for the appropriate diagnosis and treatment of your injury or illness
- Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, or attempted suicide
- Results from alcohol and drug abuse and/or substance abuse, except as noted above
- Results from a mental disorder, except as noted above
- Is caused by alcohol and drug abuse and/or substance abuse, while not being actively supervised by and receiving continuing treatment from a rehabilitation center or designated institution approved for such treatment by an appropriate body in the governing jurisdiction
- Occurs while incarcerated or imprisoned for any period exceeding 31 days
- Is solely a result of a failed drug test
- Is solely a result of a loss of a professional license, occupation license or certification

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Disability income insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number G2018MP or state equivalent (in NC: G2018MP NC). For a full list of exclusions and limitations, visit www.mutualofomaha.com/disclosure/ltd.

This is a solicitation of insurance. A licensed agent/producer may contact you.