UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

GROUP LONG-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 18, 2021.

Policyholder:	Mitutoyo Research & Development America, Inc.	
Policy Effective Date:	January 1, 2022	
Policy Anniversary:	January 1	
Policy Number:	GLTD-BZ9R	
Group Number:	G000BZ9R	
Classification:	All Eligible Employees	
Minimum Work Hours Required:	24 hours per week	
Eligibility Present Waiting Period:	1 day	
Eligibility Future Waiting Period:	1 day	
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:	The Elimination Period is the later of:	
	a) 90 calendar days; or	
	b) the date your Policyholder-sponsored short-term	
	disability benefits from us end.	

BENEFITS

Reasonable Accommodation Benefit:

Monthly Benefit Percentage: Maximum Monthly Benefit: Minimum Monthly Benefit:	60% \$7,000 \$100/10%	
Maximum Benefit Period:	Age at Disability	Maximum Benefit Period
	61 or less	to age 65, Your SSNRA, or
		3 years and 6 months, whichever is longest;
	62	Your SSNRA, or 3 years and 6 months, whichever
		is longer;
	63	Your SSNRA, or 3 years, whichever is longer;
	64	Your SSNRA, or 2 years and 6 months, whichever
		is longer;
	65	2 years;
	66	1 year and 9 months;
	67	1 year and 6 months;
	68	1 year and 3 months;
	69 or older	1 year.
Own Occupation Definition:	2 years	
Conversion:	Included	

The lesser of 100% for covered services expenses, \$5,000 or

an amount equal to the total Gross Monthly Benefit.

Survivor Benefit: 3 months

Vocational Rehabilitation Benefit: Voluntary 10%

LIMITATIONS

Substance Abuse Limitation: 24 months per occurrence Mental Disorder Limitation: 24 months per occurrence

Pre-existing Condition Limitation: 3/12