

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 January 23, 2024.

POLICY INFORMATION

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:	None
Eligibility Future Waiting Period:	None
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: <ul style="list-style-type: none">a) 90 calendar days; orb) the date your Policyholder-sponsored short-term disability benefits from us end.

BENEFITS

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

Reasonable Accommodation Benefit:	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

WHEN INSURANCE ENDS

Insurance ends:

- a) the day you are no longer eligible for insurance under the Policy;
- b) the day you begin active duty in the Armed Forces, National Guard or Reserves of any state or country (except for temporary active duty of 31 days or less), unless otherwise stated or allowed in the Policy;
- c) the day the Policy terminates; or
- d) in accordance with the GRACE PERIOD provision.

You are no longer eligible on the last day of employment with the Policyholder.

If you are Disabled on the day the Policy terminates, benefits will continue subject to the WHEN DISABILITY BENEFITS END provision in the Schedule.