



# THE NEED FOR DISABILITY INSURANCE

Your ability to earn an income may be your most important asset. Most people wouldn't think twice about insuring their home, automobile or health. However, many people do not recognize just how important it is to insure their income. According to the American Payroll Association, 72 percent of employees live paycheck to paycheck, without enough savings to cushion a financial blow.<sup>1</sup>

## HOW MUCH DISABILITY INSURANCE DO YOU NEED?

A lengthy disability can be devastating, and is more common than you might think. The result may lead to a loss of income, independence and financial security. Consider how long your savings would last to pay for:

- Mortgage or rent
- Credit cards and other debts
- Health care
- Groceries
- Utilities
- Car payments
- Other transportation
- Clothing

## EASY-TO-UNDERSTAND PROTECTION

- **Elimination Period** – The amount of time you must be disabled before benefits begin
- **Benefit Amount** – The amount paid directly to you for as long as you're disabled, or until you've reached the plan's Maximum Benefit Period
- **Maximum Benefit Period** – The longest time period benefits are payable to you
- **Continuation of Benefits** – Allows your disability coverage to continue at no cost while you're receiving benefits



### Sources:

<sup>1</sup> American Payroll Association, "Getting Paid in America" survey, 2010

Disability insurance underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. United of Omaha Life Insurance Company is licensed in all states except New York. Policy form: 7000GM-U-EZ 2010 or state equivalent (In FL: 7000GM-U-EZ 2001 FL 02; In NC: 7000GM-U-EZ 2010 NC). In New York, disability insurance is underwritten by Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-M-EZ 2010.

Each company is responsible for its own contractual and financial obligations.



# VOLUNTARY SHORT-TERM DISABILITY INSURANCE BENEFITS SUMMARY



## For Employees of Hodge Company

<b>ELIGIBILITY - VSTD- ALL ELIGIBLE EMPLOYEES</b>	
<b>Eligibility Requirement</b>	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
<b>Minimum Work Hours</b>	You must be working a minimum of 30 hours per week to be eligible for coverage.
<b>Coverage Payment</b>	You pay 100% of the premium for this coverage through easy payroll deduction.
<b>BENEFITS</b>	
<b>Benefits Begin (Elimination Period)</b>	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> <li>▪ On the 1st day of your disabling injury.</li> <li>▪ On the 8th day of your disabling illness.</li> </ul>
<b>Weekly Benefit</b>	Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount.
<b>Maximum Benefit Period</b>	Short-term disability benefits are available for up to 26 weeks .
<b>Maximum Weekly Benefit</b>	\$500
<b>Minimum Weekly Benefit</b>	\$25
<b>DEFINITIONS</b>	
<b>Definition of Disability</b>	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
<b>Definition of Weekly Earnings</b>	Weekly earnings for salaried employees is based on your gross annual salary in effect prior to the onset of disability. Weekly earnings for hourly employees is based on your average hourly rate of pay in effect prior to the onset of disability. These earnings are used to determine your benefit in the event of claim. Earnings may include commissions, bonuses, overtime or differentials.
<b>FEATURES</b>	
<b>Partial Disability Benefits</b>	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
<b>Vocational Rehabilitation Benefit</b>	If you become disabled and participate in the vocational rehabilitation program, which offers services that help you return to work and ability, you will be eligible for a weekly benefit increase of 5%.
<b>Waiver of Premium</b>	The premium for your short-term disability coverage is waived while you are receiving benefits.
<b>Portability</b>	The portability feature allows you to apply for disability insurance should your employment end, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
<i>Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.</i>	
<b>EXCLUSIONS &amp; LIMITATIONS</b>	
<b>Pre-existing Conditions Limitation</b>	Disabilities that occur during the first 6 months of coverage due to a pre-existing condition during the 3 months prior to coverage are excluded.
<b>Other Exclusions</b>	Information about other exclusions for this plan will be included in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

*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 outline, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by Mutual of Omaha. Short-term disability insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company. Mutual of Omaha Insurance Company is licensed in all 50 states. United of Omaha Life Insurance Company is licensed in all states but New York. In New York, Mutual of Omaha Insurance Company underwrites the plan. Policy Form Number 7000GM-MU-EZ 2001.*

## VOLUNTARY SHORT-TERM DISABILITY BENEFIT AND PREMIUM CALCULATION

Calculate your benefit and premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

Benefit and Premium Calculation Example	
<i>This example is for an employee earning \$42,000 a year.</i>	
A. Enter your annual salary	\$42,000.00
B. Enter the Weekly Benefit percentage	60%
C. Multiply "A" times "B"	\$25,200.00
D. Divide "C" by 52	\$484.62
E. Enter the Maximum Weekly Benefit	\$500.00
F. Enter the lesser of "D" or "E"; This is your benefit amount	\$484.62
G. Divide "F" by \$10	\$48.46
H. Multiply "G" times \$.67	\$32.47
I. Multiply "H" by 12	\$389.64
J. Enter the annual pay cycle	26
K. Divide "I" by "J"; This is your premium (cost per paycheck)	\$14.99

Benefit and Premium Calculation Worksheet	
A. Enter your annual salary*	
B. Enter the Weekly Benefit percentage	60%
C. Multiply "A" times "B"	
D. Divide "C" by 52	
E. Enter the Maximum Weekly Benefit	\$500.00
F. Enter the lesser of "D" or "E"; This is your benefit amount	
G. Divide "F" by \$10	
H. Multiply "G" times \$.67	
I. Multiply "H" by 12	
J. Enter the annual pay cycle	26
K. Divide "I" by "J"; This is your premium (cost per paycheck)	

\*If you are uncertain what your current annual salary is, please consult your employer.

**To enroll for short-term disability coverage:**

- 1) Enter the amount from line "F" in your worksheet into the Voluntary Short-Term Disability Benefit Amount section on your enrollment form.
- 2) Enter the amount from line "K" in your worksheet into the Voluntary Short-Term Disability Premium Amount section on your enrollment form.

# THE NEED FOR LIFE INSURANCE



**Life insurance is a simple answer to a very difficult question: How will my loved ones manage financially when I die? It's a subject no one really wants to think about. But, if someone depends on you financially, it's one question you cannot avoid.**

## PROTECTION FOR EVERY STAGE OF YOUR LIFE

Whether you're single, married, have children or are close to retirement, having life insurance is a must. Life insurance pays benefits to your loved ones after you die, replacing your income and allowing the financial plans you put in place to continue uninterrupted.

When determining how much life insurance you need, think about the expenses you may encounter through every stage of your life. Consider:

### FINAL EXPENSES & OTHER DEBT

- Funeral costs and final medical expenses
- Mortgage and credit card debt
- Taxes and estate settlement costs

### ONGOING EXPENSES

- Food and clothing
- Housing and utilities
- Transportation
- Health care
- Insurance

### FUTURE EXPENSES

- College
- Retirement

## HOW MUCH IS ENOUGH?

The toughest part of buying life insurance is determining how much you need. The amount of life insurance you need depends on your personal situation and financial goals. No matter what your current life stage, life insurance is there to help protect your family financially – *even if you can't.*

INCOME REPLACEMENT & ASSETS	
<b>Annual income your loved ones need now and in the future</b>	\$ _____
(Current income multiplied by number years needed – for example: \$50k x 5 years = \$250,000)	
<b>SUBTOTAL (INCOME) =</b>	\$ _____
FINAL EXPENSES & OTHER DEBT	
<b>Funeral Expenses</b> (\$15,000 is a reasonable estimate)	\$ _____
<b>Mortgage</b>	\$ _____
<b>Credit Card and other debt</b> (Balance, car loans, etc...)	\$ _____
<b>SUBTOTAL (DEBT) =</b>	\$ _____
EDUCATIONAL FUNDS	
<b>College costs per person</b>	\$ _____
(4 years at Private \$118,000/ Public \$48,000 institution)	
<b>SUBTOTAL (EDUCATION) =</b>	\$ _____
TOTAL LIFE INSURANCE NEEDED	
<b>INCOME + DEBT + EDUCATION =</b>	
<b>TOTAL NEED FOR LIFE INSURANCE</b>	
\$ _____	

*Life insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent. United of Omaha Life Insurance Company is licensed in all states except New York. In New York, life insurance is underwritten by Companion Life Insurance Company, 888 Veterans Memorial Highway, Suite 515, Hauppauge, NY 11788. Policy form number 7000GM-C-EZ 2010. Some exclusions, limitations and reductions may apply. Each company is responsible for its own contractual and financial obligations.*



# VOLUNTARY TERM LIFE INSURANCE BENEFITS SUMMARY



For Employees of Hodge Company

## ELIGIBILITY - VTL- ALL ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
<b>Dependent Eligibility Requirements</b>	To be eligible for coverage, your dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility).
<b>Minimum Work Hours</b>	You must be working a minimum of 30 hours per week to be eligible for coverage.
<b>Coverage Payment</b>	You pay 100% of the premium for this coverage through easy payroll deduction.

## COVERAGE GUIDELINES

	Employee	Spouse	Child(ren)
<b>Minimum</b>	\$10,000	\$5,000	\$10,000
<b>Maximum</b>	5X annual salary, up to \$500,000	50% of employee's benefit, up to \$100,000	\$10,000
<b>Guarantee Issue Amount</b>	5X annual salary, up to \$100,000	100% of employee's benefit, up to \$30,000	100% of employee's benefit, \$10,000

*Note: Subject to any reductions shown below, Guarantee Issue means the amount of insurance applied for which does not require evidence of insurability. Guarantee Issue is available to New Hires only. For New Hires, coverage amounts over the Guarantee Issue Amount will require a health application/evidence of insurability. For Late Entrants, all coverage amounts will require a health application/evidence of insurability.*

## BENEFITS

<b>Life Insurance Benefit Amount</b>	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent child(ren). Children include those 14 days old, up to age 26.</p> <p><i>Note: In the event of death, the benefit paid will equal the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</i></p>
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## FEATURES

<b>Living Care/Accelerated Death Benefit</b>	75% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$500,000.
<b>Waiver of Premium</b>	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
<b>Annual Benefit Amount Increase</b>	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next enrollment, up to the Guarantee Issue Amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child).
<b>Portability</b>	The portability feature allows you to continue this insurance for yourself and your dependents (if applicable) should your employment end, subject to the terms of eligibility defined in the policy, without having to provide evidence of insurability (information about your health).
<b>Conversion</b>	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

*Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.*

## AGE REDUCTIONS

Your life insurance benefits and guarantee issue amounts are subject to age reductions. At age 65, amounts reduce by 35%. At age 70, amounts reduce by 35%. At age 75, amounts reduce by 35%. At age 80, amounts reduce by 25%. At age 85, amounts reduce by 25%. At age 90, amounts reduce by 25%. At age 95+ , amounts reduce by 25%. Spouse coverage terminates at age 70. Coverage terminates at retirement.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date of issue (the date coverage begins) of this coverage. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Please contact your employer if you have questions prior to enrolling.

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# TERM LIFE AND AD&D INSURANCE BENEFITS SUMMARY



**For Employees of Hodge Company**

**ELIGIBILITY - LIFE- ALL ELIGIBLE EMPLOYEES**

<b>Eligibility Requirement</b>	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
<b>Minimum Work Hours</b>	You must be working a minimum of 30 hours per week to be eligible for coverage.
<b>Coverage Payment</b>	Your employer pays 100% of the premium for this coverage.

**GUARANTEE ISSUE AMOUNT(S)**

<b>For You</b>	\$15,000
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*Note: Subject to any reductions shown below, guarantee issue means the amount of insurance applied for which does not require evidence of insurability. Guarantee Issue is available to New Hires only. For New Hires, coverage amounts over the Guarantee Issue Amount will require a health application/evidence of insurability. For Late Entrants, all coverage amounts will require a health application/evidence of insurability.*

**BENEFITS**

<b>Life Insurance Benefit Amount</b>	For You: \$15,000*  <i>* In the event of death, the benefit paid will equal the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</i>
<b>Accidental Death &amp; Dismemberment (AD&amp;D) Benefit Amount</b>	For You: The Principal Sum amount is equal to the amount of life insurance benefit.

**FEATURES**

<b>Living Care/Accelerated Death Benefit</b>	75% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$250,000.
<b>Waiver of Premium</b>	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
<b>Additional AD&amp;D Benefits</b>	In addition to basic AD&D benefits, you are protected by the following benefits: - Spouse Continuation of Coverage      - Child Care Center      - Child Education - Seat Belt      - Airbag      - Spouse Education - Common Carrier      - Paralysis
<b>Travel Assistance</b>	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
<b>Conversion</b>	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

*Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.*

## AGE REDUCTIONS AND EXCLUSIONS

Your life insurance benefits and guarantee issue amounts are subject to age reductions. At age 65, amounts reduce by 35%. At age 70, amounts reduce by 35%. At age 75, amounts reduce by 35%. At age 80, amounts reduce by 25%. At age 85, amounts reduce by 25%. At age 90, amounts reduce by 25%. At age 95+ , amounts reduce by 25%. Coverage terminates at retirement.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

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# WORLDWIDE TRAVEL ASSISTANCE FOR YOU AND YOUR FAMILY



Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip up to 90 days in length, and more than 100 miles from home.

## PRE-TRIP ASSISTANCE\*

Minimize travel hassles by calling us pre-departure for:

- Passport, visa or other required documentation for foreign travel
- Travel, health advisories and inoculation requirements for foreign countries
- Domestic and international weather forecasts
- Daily foreign currency exchange rates
- Consulate and embassy locations

## IMMEDIATE ATTENTION FOR EMERGENCIES WHILE TRAVELING

While traveling more than 100 miles from home, call Travel Assistance toll-free 24/7 for immediate help from a multi-lingual professional.

## EMERGENCY TRAVEL SUPPORT SERVICES

- *Translation and interpreter services* – 24/7 access to translators or interpreters
- *Locating legal services* – referrals for local attorney or consular offices and help maintaining business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- *Baggage* – assistance with lost, stolen or delayed baggage while traveling on a common carrier
- *Emergency payment and cash* – assistance with advance of funds for medical expenses or other travel emergencies by coordinating with your credit card company, bank, employer, or other sources of credit; includes arrangements for emergency cash from a friend, family member, business or credit card
- *Emergency messages* – assistance with recording and retrieving messages between you, your family and/or business associates at any time
- *Document replacement* – coordination of credit card, airline ticket, or other documentation replacement
- *Vehicle return* – if evacuation or repatriation is necessary

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*Worldwide Travel Assistance*



ID Number: 9900MOO2

Services available for business and personal travel.  
For inquiries within the U.S. call toll free:

**1-800-856-9947**

Outside the U.S. call collect:

**(312) 935-3658**

**CARRY THIS CARD WITH  
YOU WHEN YOU TRAVEL**

Brought to you by Mutual of Omaha.  
Services provided by AXA Assistance USA,  
which is not affiliated in any way with the  
Mutual of Omaha companies.

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## **MEDICAL ASSISTANCE**

- Locating medical providers and referrals for local sources of care
- Case communications on your medical status and communications between you and others including family, physicians, employer, travel company and consulate
- Emergency evacuation if adequate medical facilities are not available locally, including payment of covered expenses
- Transportation home for further treatment
- In the event of death, we'll assist in returning mortal remains
- Transportation arrangements for the visit of a family member or friend if your hospitalization is more than seven calendar days
- Return home for dependent children if your hospitalization is more than seven calendar days
- Assistance with hotel arrangements if convalescence is needed prior to, or after, medical treatment
- Coordination of medical insurance (including claims paperwork) and obtaining medical payments
- Assistance obtaining prescription drugs or other necessary personal medical items

## **TRAVEL ASSISTANCE PLAN LIMITATIONS**

AXA Assistance USA will not pay emergency evacuation, medically necessary repatriation, repatriation of remains or other expenses incurred while traveling within 100 miles of participant's place of residence, or for any one of the following reasons:

- Suicide, attempted suicide or self-inflicted injuries
- An act of declared or undeclared war or armed aggression
- While on active duty in the military or an international organization
- Piloting, learning to pilot or acting as a member of the crew of any aircraft
- Mental or emotional disorders, unless hospitalized
- Participation in professional athletics
- Your commission or attempt to commit a felonious act
- Pregnancy and childbirth (exception: complications of pregnancy)

Expenses for emergency evacuation, medically necessary repatriation, repatriation of remains, return of dependent children, family or friend transportation arrangement and vehicle return are covered up to \$100,000 per person per event.

*\*Available at any time, not subject to 100 mile travel radius*

Travel Assistance is an added benefit that your employer has purchased for you. You will not see this benefit on your enrollment form.

# LONG-TERM DISABILITY INSURANCE BENEFITS SUMMARY



## For Employees of Hodge Company

<b>ELIGIBILITY - LTD- ALL ELIGIBLE EMPLOYEES</b>	
<b>Eligibility Requirement</b>	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
<b>Minimum Work Hours</b>	You must be working a minimum of 30 hours per week to be eligible for coverage.
<b>Coverage Payment</b>	Your employer pays 100% of the premium for this coverage.
<b>BENEFITS</b>	
<b>Benefits Begin (Elimination Period)</b>	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin 180 days after the onset of your disabling injury or illness.
<b>Monthly Benefit</b>	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.
<b>Maximum Benefit Period</b>	If you become disabled prior to age 62, benefits are payable to age 65 or your Social Security Normal Retirement Age. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
<b>Maximum Monthly Benefit</b>	\$6,000
<b>Minimum Monthly Benefit</b>	\$100 / 10%
<b>DEFINITIONS</b>	
<b>Definition of Disability</b>	<p>Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are:</p> <ul style="list-style-type: none"> <li>▪ Prevented from performing at least one of the material duties of your regular occupation during the first 24 months of disability and after 24 months are unable to perform all of the material duties of any gainful occupation; and</li> <li>▪ During the first 24 months of disability are unable to generate current earnings which exceed 99% of your monthly earnings from your regular occupation, and after 24 months if partially disabled, are unable to generate current earnings which exceed 85% of your monthly earnings from any gainful occupation.</li> </ul> <p>You can be totally or partially disabled during the elimination period.</p>
<b>Definition of Monthly Earnings</b>	Monthly earnings for salaried employees is based on your gross annual salary in effect prior to the onset of disability. Monthly earnings for hourly employees is based on your average hourly rate of pay in effect prior to the onset of disability. These earnings are used to determine your benefit in the event of claim. Earnings may include commissions, bonuses, overtime or differentials.
<b>FEATURES</b>	
<b>Partial Disability Benefits</b>	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time. Additional benefits for family care expenses for eligible family members are also available while receiving partial disability benefits.
<b>Vocational Rehabilitation Benefit</b>	If you become disabled and participate in the vocational rehabilitation program, which offers services that help you return to work and ability, you will be eligible for a monthly benefit increase of 5%.
<b>Survivor Benefit</b>	If you pass away while receiving long-term disability benefits, your benefits will be provided to your beneficiaries for a period of time after your death.
<b>Waiver of Premium</b>	The premium for your long-term disability coverage is waived while you are receiving benefits.
<b>Alcohol &amp; Drug Abuse</b>	For disabilities related to drug and alcohol abuse, benefits are available for up to 24 months.
<b>Mental Disorders</b>	For disabilities related to mental disorders, benefits are available for up to 24 months.

**FEATURES (CONTINUED)**

*Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.*

**EXCLUSIONS & LIMITATIONS**

<b>Pre-existing Conditions Exclusion</b>	Disabilities that occur during the first 12 months of coverage due to a pre-existing condition during the 3 months prior to coverage are excluded.
<b>Other Exclusions</b>	Information about other exclusions for this plan will be included in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

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