

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

GROUP VOLUNTARY TERM LIFE INSURANCE SUMMARY OF COVERAGE



Oakland Schools
GVTL-96Z4
Revised: January 1, 2014
All eligible non-union 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	
Guaranteed Issue Limit	For You: \$150,000 For Your Spouse: \$50,000 For Your Dependent Child: \$10,000 Subject to any reductions, Guarantee Issue means the amount of insurance applied for which does not require evidence of insurability.
Life Insurance Benefit for You	You can be insured for amounts of life insurance from \$10,000 to \$500,000 in \$10,000 increments. In no event shall Life Insurance Benefits exceed five times Your Annual Salary. Annual Salary means Your basic Annual Salary or rate of pay as verified by the Policyholder's pay records and premium We have received. It does not include overtime, bonus or other additional pay.

Reductions	<p>Your Life Insurance Benefit will reduce to:</p> <ul style="list-style-type: none"> • 65% at age 70 • 45% at age 75 • 30% at age 80 • 20% at age 85 • 15% at age 90 <p>If You are age 70 or older on the day You become insured under the Policy, the reduction will be made in accord with Your attained age.</p> <p>If You are no longer in the employ of the Policyholder (including retirement), any benefits that are being continued under the Portability provision in the Policy will end on the date You attain age 70.</p>
Accidental Death and Dismemberment Benefit For You	<p>A Principal Sum equal to the amount of Your Life Insurance Benefit.</p> <p>If Your Life Insurance Benefit has been reduced by the Living Benefits Option, such reduction will not apply to this Accidental Death and Dismemberment Principal Sum.</p>
Life Insurance Benefit For Your Dependent Spouse	<p>Your lawful spouse can be insured for amounts of life insurance from \$5,000 to \$100,000 in \$5,000 increments. In no event shall the Dependent Life Insurance Benefit exceed 50% of Your Life Insurance Benefit.</p>
Life Insurance Benefit For Your Dependent Child(ren) (Age 14 Days to 26 Years)	<p>Your eligible Dependent children can be insured for amounts of life insurance from \$2,000 to \$10,000 in \$1,000 increments. In no event shall the Dependent Life Insurance Benefit exceed 50% of Your Life Insurance Benefit.</p>
Accidental Death and Dismemberment Benefit For Your Dependents	<p>A Principal Sum equal to the amount of Your Dependent's Life Insurance Benefit.</p>
EMPLOYEE ELIGIBILITY	
Minimum Work Hours Required	18.75 hours per week
Eligibility Waiting Period	<p>An Employee becomes eligible for insurance under this Policy on the effective date of the Policy, if the Employee has completed the Active Employment qualifying period under the Other Group Plan.</p> <p>An Employee who is not eligible on the effective date of this Policy or who is hired after the effective date becomes eligible on the first day of employment.</p>
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 first day of the Policy month which coincides with or follows the day the Employee returns to Active Work.</p> <p>If an eligible Employee 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 first day of the Policy month which coincides with or follows the day the Employee returns to Active Work.</p>

<p>When Insurance Begins</p>	<p>Amounts of Insurance NOT In Excess of the Guarantee Issue Limit If We receive an Employee’s properly completed and signed enrollment form as required under the Other Group Plan or within the time limit specified in the Other Group Plan, 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 end of the qualifying period required by the Other Group Plan; or • the date the enrollment form is properly completed and signed by the Employee during the time limit required under the Other Group Plan, <p>provided the Employee is Actively Working on that day.</p> <p>Amounts of Insurance In Excess of the Guarantee Issue Limit The Employee will become insured on the first day of the Policy month which coincides with or follows the day We approve the statement of physical condition or other evidence of good health for the amount of life insurance applied for which is in excess of the guarantee issue limit, provided the Employee is Actively Working on that day.</p>
<p>When Your Amount of Insurance Changes</p>	<p>Any increase in the amount of Your insurance will take effect:</p> <ul style="list-style-type: none"> • on the first day of the Policy month which coincides with or follows the day of the change, if We do not require a statement of physical condition or evidence of good health; or • on the first day of the Policy month which coincides with or follows the day We approve the statement of physical condition or evidence of good health, if such is required; <p>provided You are Actively Working that day. If You are not Actively Working on the day insurance would otherwise begin, the insurance will begin on the first day of the Policy month which coincides with or follows the day You return to Active Work. You may elect to increase Your amount of insurance by up to \$10,000 without providing Us with a statement of physical condition or evidence of good health once a year on the employer’s Policy anniversary. This increase will be subject to any Guaranteed Issue requirements and will in no event exceed the maximum amount of Life Insurance Benefits shown in the Policy.</p>
<p>When Your Insurance Ends</p>	<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 Policyholder withdraws insurance; • 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 last day of the Policy month in which 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"> • the day Your employment with the Policyholder ends; • the day You are not Actively Employed; or • the day You do not satisfy any other eligibility condition described in the Policy.

DEPENDENT ELIGIBILITY

<p>Dependent means</p>	<p>Your lawful spouse; Your child who is:</p> <ul style="list-style-type: none"> • natural-born; • legally adopted; • a stepchild living in Your home; or <p>a child:</p> <ul style="list-style-type: none"> • You are raising as Your own child; • who is living in Your home and chiefly dependent on You for support; and • for whom You have full parental responsibility and control; <p>all as indicated by evidence acceptable to Us.</p>
<p>Limiting Age</p>	<p>Coverage for a Dependent Child will end when the child attains the Limiting Age. Limiting Age means the child's 26th birthday. Your newborn child, born while You are insured under the Policy, is eligible for insurance from birth. Benefits will begin at the age of 14 days.</p>
<p>When Dependent Insurance Begins</p>	<p>Amounts of Insurance NOT In Excess of the Guarantee Issue Limit If We receive an Employee's properly completed and signed enrollment form for Dependent insurance, as required under the Other Group Plan or within the time limit specified in the Other Group Plan, the Dependent 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 end of the qualifying period required by the Other Group Plan; or • the date the enrollment form is properly completed and signed by the Employee during the time limit required under the Other Group Plan, <p>provided the Dependent is not confined or disabled on that day.</p> <p>Amounts of Insurance In Excess of the Guarantee Issue Limit The Dependent will become insured on the first day of the Policy month which coincides with or follows the day We approve the statement of physical condition or other evidence of good health for the amount of life insurance applied for which is in excess of the guarantee issue limit, provided the Dependent is not confined or disabled on that day.</p>
<p>Change in the Amount of Dependents Insurance</p>	<p>Any change in the insurance of a Dependent will not take effect:</p> <ul style="list-style-type: none"> • in the event of an increase in coverage and if the Dependent is not confined or disabled, until: <ul style="list-style-type: none"> • on the first day of the Policy month which coincides with or follows the day of the change if We do not require evidence of good health; or • on the first day of the Policy month which coincides with or follows the day We approve the evidence of good health, if such is required and ; or • in the event of a decrease in coverage, on the day of the change.

When Dependent Insurance Ends	<p>Dependent 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 Policyholder withdraws insurance; • the day any premium contribution for Dependent insurance is due and unpaid; • the day before a Dependent enters the Armed Forces on active duty (except for temporary active duty of two weeks or less); • the day Dependent insurance under the Policy ends because of lack of participation; • the day Your insurance ends; • the last day of the Policy month in which the Dependent is no longer eligible.
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FEATURES

Living Benefits Option For You	50% of the amount of the Life Insurance Benefit is available to You if You incur a Terminal Condition, but not to exceed \$100,000. Terminal Condition means an Injury or Sickness expected to result in Your death within 12 months and from which there is no reasonable prospect of recovery as determined by Us, Our medical staff, or a qualified party selected by Us.
Continuation Due to Layoff or Leave of Absence	Upon uninterrupted payment of premium to Us, You may continue insurance after insurance would otherwise end. You should contact the Policyholder to determine the amount of contribution You are required to make in order to continue insurance. Your insurance will continue until the last day of the month in which You have been laid off or go on a leave of absence approved by the Policyholder.
Waiver of Premium	If You are determined to be Totally Disabled, Your Life Insurance Benefit will continue without payment of premium until age 65 provided the disability began prior to age 60 and You have met a disability elimination period of 9 consecutive months.
Portability	<p>If Your insurance ends You or Your Dependents may continue insurance under the Policy without giving information about Your health or their health, subject to conditions described in Your Certificate.</p> <p>In addition, a Dependent spouse who is no longer eligible under the Policy may elect to continue coverage under the Portability provision for themselves and their eligible Dependents, subject to conditions described in Your Certificate.</p>
Conversion	If Your employment ends, You may apply for an individual life insurance policy without evidence of good health. You will be responsible for the premium for the coverage.

LIFE EXCLUSIONS

We will not pay benefits for a death which results from suicide, while sane or insane within two years from the date insurance begins. Instead We will pay the sum of the premiums paid.

If death results from suicide, while sane or insane, within two years from the effective date of any increase in the amount of coverage, the amount of the increase will not be paid. Instead We will pay the total of the premiums paid on the increase.

AD&D BENEFIT SCHEDULE

The AD&D Benefit is paid if You or Your Dependent are Injured as a result of an Accident, and that Injury is independent of Sickness and all other causes. Benefits are paid as indicated below:

Loss	Benefit
<ul style="list-style-type: none"> • Life • Both Hands • Both Feet • Entire Sight of Both Eyes • One Hand and One Foot • One Hand and Entire Sight of One Eye • One Foot and Entire Sight of One Eye • Speech and Hearing (both ears) 	Principal Sum
<ul style="list-style-type: none"> • Entire Sight of One Eye • Speech or Hearing (both ears) • One Hand or One Foot 	One-half Principal Sum
<ul style="list-style-type: none"> • Loss of Thumb and Index Finger of Same Hand 	One-fourth Principal Sum
Paralysis	Benefit
<ul style="list-style-type: none"> • Quadriplegia (total Paralysis of both upper and lower limbs) 	Principal Sum
<ul style="list-style-type: none"> • Triplegia (total Paralysis of three limbs) 	Three-quarters Principal Sum
<ul style="list-style-type: none"> • Paraplegia (total Paralysis of both lower limbs) • Hemiplegia (total Paralysis of an upper and a lower limb) 	One-half Principal Sum
<ul style="list-style-type: none"> • Uniplegia (total Paralysis of a limb) 	One-fourth Principal Sum

AD&D EXCLUSIONS

We will not pay for any loss which:

- is not permanent;
- occurs more than 365 days after the Injury;
 Note: This 365 day limit will not apply if the Insured Person is in a coma or being kept alive by an artificial support system at the end of the 365 days.
- does not result from an Accident;
- is caused by intentional, self-infliction of carbon monoxide poisoning emanating from a motor vehicle;
- results from Injuries the Insured Person receives in any aircraft other than while riding as a passenger in a commercial aircraft on a regularly scheduled flight; or while:
 - operating;
 - riding as a passenger in; or
 - boarding or leaving;

any aircraft while the Insured Person is Traveling on Business of the Policyholder, provided the aircraft:

- has a current and valid FAA (Federal Aviation Administration of the United States) standard air worthiness certificate; and
 - is operated by a person holding a current and valid FAA pilot's certificate of rating authorizing him or her to operate the aircraft;
 - results in Injuries the Insured Person receives while riding in any aircraft engaged in:
 - racing;
 - endurance tests; or
 - acrobatic or stunt flying;
 - is caused by the Insured Person, and is a result of Injuries the Insured Person receives, while under the influence of any Controlled Drug, unless administered on the advice of a Physician;
Note: Controlled Drug means any drug having the capacity to affect behavior and regulated by law with regard to possession and use; or
 - is caused by the Insured Person, and is a result of Injuries the Insured Person receives, while Intoxicated;
Note: Intoxicated means the Insured Person's blood alcohol level at death or dismemberment equals or exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the loss occurs.
- We do not pay under the Accidental Death and Dismemberment Benefits provisions for:
- any loss which results, whether the Insured Person is sane or insane, from:
 - an intentionally self-inflicted Injury or Sickness; or
 - suicide or attempted suicide;
 - any loss resulting from the Insured Person's participation in a riot or in the commission of a felony;
 - any loss which results from an act of declared or undeclared war or armed aggression; or
 - any loss:
 - which is incurred while the Insured Person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country; and
 - for which any governmental body or its agencies are liable.

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