



# Short-Term Disability Insurance

FOR EMPLOYEES OF FIRST LIGHT TECHNOLOGIES

| <b>ELIGIBILITY - ALL ELIGIBLE EMPLOYEES</b> |  |
|---|--|
| <b>Eligibility Requirement</b>              | You must be actively working a minimum of 30 hours per week to be eligible for coverage.   |
| <b>Premium Payment</b>                      | The premiums for this insurance are shared by you and the policyholder. The premium amounts below reflect your contribution to the cost of this insurance.   |
| <b>BENEFITS</b>                             |  |
| <b>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 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 66 2/3% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources.  |
| <b>Maximum Benefit Period</b>               | Up to 26 weeks   |
| <b>Maximum Weekly Benefit</b>               | \$1,100  |
| <b>Minimum Weekly Benefit</b>               | None   |
| <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>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>        | Week Prior to Disability   |
| <b>FEATURES</b>                             |  |
| <b>Vocational Rehabilitation Benefit</b>    | If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 10%.   |
| <b>SERVICES</b>                             |  |
| <b>Hearing Discount Program</b>             | The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.  |

## SHORT-TERM DISABILITY PREMIUM CALCULATION

Use the premium factor in the table provided below to calculate your premium for short-term disability coverage in the worksheet below, using the example as a guide.

| WEEKLY PREMIUM CALCULATION                           |                  | EXAMPLE<br><i>(42-year-old employee<br/>earning \$40,000 a year)</i> |
|--|------------------|--|
| List your weekly earnings<br>(Maximum is \$1,649.92) | \$ _____         | \$ <u>769.23</u>   |
| Multiply by the premium factor*                      | <u>0.0015770</u> | <u>0.0015770</u>   |
| Your Estimated Weekly Premium**                      | \$ _____         | \$ <u>1.21</u>   |

\*Your employer contributes 75 percent to the cost of this coverage. The information shown above is your cost only.

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

# > 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?

No, your STD insurance only provides benefits for 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:

- A pre-existing condition limitation does not apply.
- 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
  - Arises out of or in the course of employment with the policyholder for benefits under any workers' compensation or occupational disease law, or receives any settlement from the workers' compensation carrier
  - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
  - Occurs while incarcerated or imprisoned for any period exceeding 31 days
  - 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. Benefits availability 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, 3300 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 7000GM-U-EZ-2010.



