UNITED OF OMAHA LIFE INSURANCE COMPANY
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GROUP VOLUNTARY SHORT-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 October 21, 2024.

POLICY INFORMATION

Policyholder:	Coastal Carriers, LLC
Policy Effective Date:	May 1, 2018
Policy Anniversary:	January 1
Policy Number:	GUC-BC2K
Group Number:	G000BC2K
Classification:	All Other Eligible Employees
Minimum Work Hours Required:	30 hours per week
Eligibility Present Waiting Period:	60 day
Eligibility Future Waiting Period:	60 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.
Premium Contribution:	Voluntary
Elimination Period:	
Injury:	14 calendar days
Sickness:	14 calendar days

BENEFITS

Weekly Benefit Percentage:	60%
Maximum Weekly Benefit:	$1,200
Minimum Weekly Benefit:	$25
Maximum Benefit Period:	11 weeks
Portability:	Included
Vocational Rehabilitation Benefit:	5%

LIMITATION

Pre-existing Condition Limitation:	3/6