# United of Omaha Life Insurance Company

A MUTUAL of OMAHA COMPANY

# GROUP TERM LIFE CERTIFICATE SUMMARY



This summary describes 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. The capitalization of a term not normally capitalized according to standard punctuation rules indicates a word or phrase that is a defined term in the Certificate. 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 April 19, 2016.

# **POLICY INFORMATION**

Policyholder: Creighton University

Policy Effective Date: December 15, 1956 Policy Anniversary: January 1
Policy Number: GLUG-20W8 Group Number: G00020W8

Class(es): All Eligible Creighton University Employees

#### **ELIGIBILITY**

You (the Employee) must be performing the normal duties of Your regular job for the Policyholder on a regular and continuous basis 30 or more hours each week to be eligible for insurance.

#### WHEN INSURANCE BEGINS

An eligible Employee will become insured on the first day of the month that coincides with or follows the day the Employee becomes eligible, subject to certain conditions (as described in the Exceptions to When Insurance Begins provision in the Certificate).

Additional eligibility conditions apply as described in the Certificate.

# **BENEFIT AMOUNT(S)**

## Insurance for You (The Employee)

Your amount of life insurance is an amount equal to 1 times Your Annual Earnings, but in no event less than \$1,000 or more than \$100,000. Your amount of life insurance will be rounded to the next higher multiple of \$1,000.

If You have questions regarding the amount of Your insurance, You may contact the Policyholder.

### **Benefit Reduction(s)**

As You grow older, the amount of life insurance for You will be reduced according to the following schedule:

At the Age of:	The Original Amount of Insurance Will Reduce to:
70	
75	45%
80	30%
85	
90	15%

# FEATURE(S)

### **Living Benefits**

In the event You incur a Terminal Condition while insured under the Policy, You, Your Spouse or Your legal representative may submit a Written Request for an advance payment of part of Your life insurance death benefit. The maximum amount of Living Benefits available is 75% of the amount of life insurance for You in effect at the time of the request or \$50,000, whichever is less.

# Continuation of Insurance for Layoff or Leave, Injury or Sickness, or Partial Disability

You may be able to continue insurance from the day You cease to be Actively Working, subject to certain conditions.

#### **Continuation of Insurance for Total Disability with Waiver of Premium**

You may be able to continue insurance for You from the day You cease to be Actively Working due to Your Total Disability, subject to certain conditions.

## **Portability**

In the event Your insurance under the Policy ends, You have the right to continue receiving group life insurance, subject to certain conditions.

#### Conversion

If group life insurance ends or the benefit reduces, You may apply for an individual policy of life insurance, subject to certain conditions.

#### **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 (under the Policy or any Prior Plan). Instead, We will refund the total of the premiums paid for insurance under the Policy.

If death results from suicide, while sane or insane, within two years from the effective date of any increase in the amount of insurance under the Policy, benefits in the amount of the increase will not be paid. Instead, We will refund the total of the premiums paid under the Policy for said increase in insurance.