

VOLUNTARY LONG-TERM DISABILITY INSURANCE



Proposal for: Grant County
Alternate: 3.00

The following Voluntary Long-Term Disability plan is being proposed on a fully-insured basis effective **01/01/20**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit mutualofomaha.com.

ELIGIBILITY

CLASS DEFINITION(S)	Class 1: All Eligible Employees
ELIGIBILITY REQUIREMENT	This proposal provides coverage for all actively at work employees on the policy effective date working the minimum number of hours shown below in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply.
MINIMUM WORK HOURS	Class 1: 20 or more hours each week

BENEFIT SUMMARY

	Class 1
BENEFIT PERCENTAGE	60%
MAXIMUM BENEFIT	\$6,000
GUARANTEE ISSUE	\$6,000
ELIMINATION PERIOD	90 days
ACCUMULATION PERIOD	180 days
ZERO DAY RESIDUAL	Included
OWN OCC DEFINITION	24 months
BENEFIT DURATION	RBD to SSNRA
INTEGRATION	Family
PRE-EXISTING CONDITION	12/12
MENTAL DISORDERS	24 months - Lifetime
DRUG & ALCOHOL	24 months - Lifetime
MINIMUM BENEFIT	\$100 or 10%

PARTIAL DISABILITY

	Class 1
EARNINGS TEST %	99% during the Own Occ period, then 85% thereafter
PARTIAL DISABILITY FORMULA	Mutually Progressive Partial
WORK INCENTIVE	To end of the maximum benefit period

PARTICIPATION AND COST SUMMARY

PARTICIPATION ASSUMPTIONS	Minimum Participation	Number of Eligible Employees	Contribution Structure
	25%	643	100% employee paid

PARTICIPATION AND COST SUMMARY (CONT'D)

COST SUMMARY*

VOLUNTARY LTD

Age Band	Monthly Rate (Per \$100 of Monthly Covered Payroll)
<20	\$0.251
20 - 24	\$0.251
25 - 29	\$0.251
30 - 34	\$0.352
35 - 39	\$0.606
40 - 44	\$0.941
45 - 49	\$1.033
50 - 54	\$1.388
55 - 59	\$1.550
60 - 64	\$2.044
65 - 69	\$1.330
70 - 99	\$1.032

* Rates are calculated based on the employee's current age on the effective date of the plan. Rates are adjusted once each year on the plan anniversary date for employees advancing to the next age band.

PACKAGE PRICING	The rates and benefits for this coverage assume package pricing. The rates and/or benefits are subject to change if one or more coverages included in Option 1 are not selected by the employer.
RATE GUARANTEE	3 Years
RATE GUARANTEE DATE	01/01/2023

ADDITIONAL BENEFITS

DEFINITION OF MONTHLY EARNINGS	Earnings Just Prior to Disability, Annual Salary
VOLUNTARY VOC REHAB INCENTIVE	10%
RECURRENT DISABILITY	6 months
SURVIVOR BENEFIT	3 months
CONTINUATION FOR FEDERAL AND STATE LAWS	Included – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member. This provision applies to employer and union groups only, subject to certain conditions.
WAIVER OF PREMIUM	Included
PORTABILITY	Included, a continuation option is available
FICA PAYMENT	If FICA tax is applicable, we will pay the employer's share of the FICA. This optional service has been included in the premium rates.
W-2 PREPARATION	Mutual of Omaha will prepare IRS Form W-2 for each employee who receives benefits under the policy.