



> Short-Term Disability Insurance



How Would You Pay Your Bills if You Were Sick or Injured Temporarily?

Even a short illness or injury could seriously impact your paycheck. Sick time will get you by while it lasts, but what happens when your sick days run out? A short-term disability policy provides you with cash benefits when you need it.

We've Got You Covered

As an active employee of Tooele City Corporation, you have access to a disability income insurance policy from United of Omaha Life Insurance Company.

A disability income insurance policy can help provide security when you need it, plus give you peace of mind so you can recover faster and get back on the job sooner.

Coverage guidelines and benefits are outlined below.



ELIGIBILITY - STD - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Premium Payment	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.

BENEFITS

Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> • On the 15th day of your disabling injury. • On the 15th day of your disabling illness.
Weekly Benefit	Your benefit is equivalent to 70% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources.
Maximum Benefit Period	Up to 14 weeks
Maximum Weekly Benefit	\$550
Minimum Weekly Benefit	None

Partial Disability Benefits	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.
DEFINITIONS	
Definition of Disability	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.
Definition of Weekly Earnings	Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 6 month period immediately prior to the date disability begins. If employed for part of the prior 6 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked.
FEATURES	
Vocational Rehabilitation Benefit	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
Reasonable Accommodation	Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work.
SERVICES	
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

> 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, 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
 - Results from elective or cosmetic surgery or procedure, or resulting complications, unless such surgery or procedure is medically necessary for the appropriate diagnosis and treatment of your injury or illness
 - 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, or attempted suicide
 - Occurs while incarcerated or imprisoned for any period exceeding 31 days
 - Is solely a result of a failed drug test
 - 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 G2018MP.



UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL of OMAHA COMPANY



**GROUP SHORT-TERM DISABILITY INSURANCE
CERTIFICATE SUMMARY (OUTLINE OF COVERAGE)**

**UNITED OF OMAHA LIFE INSURANCE COMPANY
THE POLICY PROVIDES LIMITED BENEFITS
BENEFITS PROVIDED ARE SUPPLEMENTAL AND
ARE NOT INTENDED TO COVER ALL EXPENSES
OUTLINE OF COVERAGE**

Read Your Certificate Carefully. This outline of coverage provides a very brief description of the important features of this insurance. This outline of coverage is not the insurance contract and only the actual policy provisions will control. The policy and certificate set forth in detail the rights and obligations of you, the policyholder and the insurance company. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

NOTICE: Read this outline of coverage carefully. It may not be identical to the outline of coverage provided at the time you enrolled/applied for insurance, and the insurance you originally enrolled/applied for may not have been issued.

This outline of coverage 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 outline of coverage. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This outline of coverage was published on June 21, 2023.

POLICY INFORMATION

Policyholder: Tooele City Corporation
Policy Effective Date: July 1, 2009
Policy Number: GUG-AD5S
Class(es): All Eligible Full-Time Regular Active Employees

ELIGIBILITY

You 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.

If you are not eligible for insurance on the Policy Effective Date, or if you are hired after the Policy Effective Date, you become eligible for insurance the day after you complete the Eligibility Waiting Period.

WHEN INSURANCE BEGINS

You become insured on the day you become eligible, subject to certain conditions (as described in the Eligibility section in the Certificate).

Additional eligibility conditions apply as described in the Certificate.

ELIMINATION PERIOD

If your Disability is a result of an Injury, the Elimination Period is 14 calendar days. If your Disability begins more than 7 calendar days after your Injury date, the Elimination Period for Sickness applies.

If your Disability is a result of a Sickness, the Elimination Period is 14 calendar days.

BENEFITS

Weekly Benefit Percentage:	70%
Maximum Weekly Benefit:	\$550
Maximum Benefit Period:	14 weeks

DEFINITIONS

Basic Weekly Earnings

Basic Weekly Earnings for salaried Employees means your gross annual salary from the Policyholder in effect on the day immediately prior to the date on which your Disability began, divided by 52.

Basic weekly earnings for hourly Employees means your hourly rate of pay from the Policyholder in effect on the day immediately prior to your Disability multiplied by the average number of hours you worked per week, not including overtime, during the 6 month period immediately prior to the date on which your Disability began. If you were employed with the Policyholder for a period of less than 6 months, basic weekly earnings means your hourly rate of pay multiplied by the average number of hours you worked per week during that period, not including overtime.

Basic weekly earnings is verified by premium we have received.

Basic weekly earnings includes Employee contributions to Deferred Compensation plans received from the Policyholder.

Basic weekly earnings does not include commissions, bonuses, overtime pay, Policyholder contributions to Deferred Compensation plans, Differentials, and other extra compensation received from the Policyholder.

We require Proof of Earnings.

Disability

Disability and Disabled mean that because of an Injury or Sickness, a significant change in your mental or physical functional capacity has occurred and:

- a) during the Elimination Period, you are prevented from performing at least one of the Material Duties of your Regular Job (on a part-time or Full-Time basis); and
- b) after the Elimination Period, you are:
 1. prevented from performing at least one of the Material Duties of your Regular Job (on a part-time or Full-Time basis); and
 2. unable to generate Current Earnings which exceed 99% of your Basic Weekly Earnings due to that same Injury or Sickness.

Disability is determined relative to your ability or inability to work. It is not determined by the availability of a suitable position with the Policyholder.

FEATURE(S)

Continuation of Insurance During Disability

While Disabled, your insurance will continue for as long as you are entitled to receive Weekly Benefits. Additional conditions apply (as described in the Eligibility section of the Certificate).

Reasonable Accommodation Benefit

While you are receiving Disability benefits from us, we may pay a Reasonable Accommodation Benefit to the Policyholder if it will enable you to return to work, subject to certain conditions (as described in the Additional Benefits section of the Certificate). The purpose of this benefit is to cover costs incurred by the Policyholder to make workplace modifications to assist you. Covered services include:

- a) tools, special seating, equipment and/or furniture;
- b) accessible parking space;
- c) labor costs for installation; and
- d) other services reasonably necessary to help you return to work.

Vocational Rehabilitation Benefit

While you are receiving Disability benefits from us, we may pay for a vocational rehabilitation program if it will help you return to some type of work, subject to certain conditions (as described in the Additional Benefits section of the Certificate).

Covered services may include, but are not limited to:

- a) worksite modification and/or special equipment;
- b) job placement assistance, including resume preparation;
- c) retraining for a new occupation;
- d) educational expenses;

- e) other services reasonably necessary to help you return to work.

We will not duplicate benefits under this provision that are payable under the Reasonable Accommodation Benefit section.

EXCLUSIONS

We will not pay benefits for any Disability or loss which:

- a) results from an act of declared or undeclared war or armed aggression;
- b) results from your voluntary Participation in a Riot or your commission of or attempt to commit a felony or any type of assault or battery;
- c) results from elective or cosmetic surgery or procedures, or resulting complications (unless such surgery or procedure is medically necessary for the appropriate diagnosis and treatment of your Injury or Sickness in accordance with generally accepted medical standards);
- d) arises out of or in the course of employment with the Policyholder for which you:
 - 1. receive or are eligible to receive benefits under any workers' compensation, occupational disease or similar law; or
 - 2. receive any settlement from the workers' compensation carrier;
- e) results, whether you are sane or insane, from:
 - 1. an intentionally self-inflicted Injury or Sickness; or
 - 2. attempted suicide;
- f) occurs while you are incarcerated or imprisoned for any period exceeding 31 days;
- g) is solely a result of a failed drug test; or
- h) is solely a result of a loss of a professional license, occupational license, or certification.

WHEN INSURANCE ENDS

Insurance ends on the day you are no longer eligible for insurance under the Policy, subject to certain conditions (as described in the Eligibility section in the Certificate).

If you are Disabled on the day the Policy terminates, benefits will continue subject to the When Disability Benefits End provision in the Schedule section of the Certificate.

PREMIUMS

The premium for insurance under the Policy is a monthly rate that applies to you.

The premiums for insurance under the Policy are shared by you and the Policyholder. You are responsible for the payment of your share of the premiums for insurance under the Policy, if elected. The premium amounts below reflect your contributions to the cost of this insurance.

Premiums will be automatically deducted from your paychecks by the Policyholder, then remitted to us, as authorized by you during the enrollment process. Please contact the Policyholder for information regarding your paycheck deductions.

Payment of premium does not guarantee eligibility for coverage. Contact the Policyholder or your benefits administrator for additional information about the current premium rate structure for the Policy.

Monthly Rate

\$21.00 per Employee per month

Premium Changes

Premium amounts will change if premium rates under the Policy change.

If there is a change in the amount of insurance, the Policyholder will provide you with notice of your new premium amount upon request if you are responsible for the payment of premiums for insurance.

HOW TO OBTAIN A COPY OF THE CERTIFICATE

To obtain a copy of the Certificate, first contact the Policyholder or your benefits administrator. If you do not receive what you need, you may then contact us at 1-800-877-5176 (toll free).