

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, 2019.

POLICY INFORMATION

Policyholder:	Creighton University
Policy Effective Date:	January 1, 2012
Policy Anniversary:	January 1
Policy Number:	GUC-20W8
Group Number:	G00020W8
Classification:	All Eligible Creighton University Employees
Minimum Work Hours Required:	20 hours per week
Eligibility Present Waiting Period:	None
Eligibility Future Waiting Period:	None
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.
Elimination Period:	
Injury:	14 calendar days
Sickness:	14 calendar days
First Day Hospital Confinement/Outpatient:	Included

BENEFITS

Weekly Benefit Percentage:	67%
Maximum Weekly Benefit:	\$2,500
Maximum Benefit Period:	11 weeks
Survivor Benefit:	Included
Vocational Rehabilitation Benefit:	5%

EXCLUSION

Pre-existing Condition Exclusion:	3/6
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