Short-Term Disability Insurance Benefits Summary



For Employees of Gray & Son, Inc.

| ELIGIBILITY - ALL ELIGIBLE | Employees |
|--------------------------------------|---|
| Eligibility Requirement | You must be actively at work (able to perform all normal duties of your job) to be |
| | eligible for coverage. |
| Minimum Work Hours | You must be working a minimum of 30 hours per week to be eligible for coverage. |
| Coverage Payment | Your employer pays 100% of the premium for this coverage. |
| Benefits | |
| | If you become disabled, there is an elimination period before benefits are payable. |
| Benefits Begin (Elimination | Your benefits begin: |
| Period) | On the 8th day of your disabling injury. |
| | On the 8th day of your disabling illness. |
| Weekly Benefit | Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed |
| | the plan's maximum weekly benefit amount. |
| Maximum Benefit Period | Short-term disability benefits are available for up to 26 weeks . |
| Maximum Weekly Benefit | \$2,000 |
| Minimum Weekly Benefit | None |
| 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 based on your gross annual salary in effec |
| | prior to the onset of disability. Weekly earnings for hourly employees is based on |
| | your average hourly rate of pay in effect prior to the onset of disability. These |
| | earnings are used to determine your benefit in the event of claim. Earnings may |
| | include commissions, bonuses, overtime or differentials. |
| Features | |
| 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. |
| Vocational Rehabilitation Benefit | If you become disabled and participate in the vocational rehabilitation program, |
| | which offers services that help you return to work and ability, you will be eligible for |
| | a weekly benefit increase of 5%. |
| | efits and features of this plan will be included in the summary of coverage, which you will receive after |
| | uilable from your employer. Please contact your employer if you have questions prior to enrolling. |
| Exclusions & Limitations | |
| | or this plan will be included in the certificate booklet, available from your employer. |
| Please contact your employer if yo | u have questions prior to enrolling |

Please contact your employer if you have questions prior to enrolling.

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 outline, the certificate booklet will prevail. Short-term disability insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company. Mutual of Omaha Insurance Company is licensed in all 50 states. United of Omaha Life Insurance Company is licensed in all states but New York. In New York, Mutual of Omaha Insurance Company underwrites the plan. Policy Form Number 7000GM-MU-EZ 2001.