A Mutual of Omaha Company $% f(x) = \int f(x) \, dx$

GROUP LONG-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 February 22, 2022.

POLICY INFORMATION

Policyholder: Policy Effective Date: Policy Number: Group Number: Classification: Minimum Work Hours Required: Eligibility Present Waiting Period: Eligibility Future Waiting Period: When Insurance Begins:

Elimination Period:

BENEFITS

Monthly Benefit Percentage: Maximum Monthly Benefit: Minimum Monthly Benefit: Maximum Benefit Period:

Own Occupation Definition: Family Care Benefit: Survivor Benefit: Vocational Rehabilitation Benefit: AeroVironment, Inc. September 1, 2015 GLTD-AXG7 G000AXG7 All Other Eligible Employees 30 hours per week none none the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate. The later of: a) 180 calendar days; or

b) the date Your Salary Continuation, Accumulated Sick Leave or short-term Disability ends.

60%	
\$10,000	
\$100	
Age at Disability	Maximum Benefit Period
61 or less	to age 65, Your SSNRA, or
	3 years and 6 months,
	whichever is longest;
62	Your SSNRA, or 3 years
	and 6 months, whichever
	is longer;
63	Your SSNRA, or 3 years,
	whichever is longer;
64	Your SSNRA, or 2 years
	and 6 months, whichever
	is longer;
65	2 years;
66	1 year and 9 months;
67	1 year and 6 months;
68	1 year and 3 months;
69 or older	1 year.
Own-Occupation to 65	
Included	
3 months	
5%	

LIMITATIONS/EXCLUSIONS

Alcohol/Drug Abuse/Substance Abuse Limitation:	24 months
Mental Disorder Limitation:	24 months
Pre-existing Condition Exclusion:	3/12