



Voluntary Short-Term Disability Insurance

FOR EMPLOYEES OF AeroVironment, Inc.

ELIGIBILITY - ALL ELIGIBLE CALIFORNIA & NEW YORK 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 paid in full by you.

BENEFITS

Elimination Period If you become disabled, there is an elimination period before benefits are payable. Your benefits begin:

- On the 8th day of your disabling injury.
- On the 8th day of your disabling illness.

Weekly Benefit Your benefit is equivalent to 30% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount.

The premium for your short-term disability coverage is waived while you are receiving benefits.

Maximum Benefit Period Up to 25 weeks

Maximum Weekly Benefit \$2,500

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 Week Prior to Disability

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 .

Portability The portability feature allows you to apply for disability insurance through a trust policy should your employment end, without having to provide evidence of insurability. You will be responsible for paying the premium for coverage.

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.

VOLUNTARY SHORT-TERM DISABILITY PREMIUM CALCULATION

Use the premium factor in the table provided below to calculate your premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

BI-WEEKLY PREMIUM CALCULATION		EXAMPLE <i>(42-year-old employee earning \$40,000 a year)</i>
List your monthly earnings (Maximum is \$36,111.11)	\$ _____	\$ <u>3333.33</u>
Multiply by the premium factor	<u>0.0024785</u>	<u>0.0024785</u>
Your Estimated Bi-Weekly Premium**	\$ _____	\$ <u>8.26</u>

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

> 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?

No, your plan will not be reduced by any other sources of income.

Does this plan cover me if I become disabled due to an injury at work?

No, your STD insurance 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:

- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/6 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage, would not be covered.
- 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, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
 - Occurs while incarcerated or imprisoned for any period exceeding 31 days
 - 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.

Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you have the right to port your coverage to a group trust plan, subject to certain conditions.

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 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 7000GM-U-EZ-2010.

