

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

GROUP VOLUNTARY TERM LIFE INSURANCE SUMMARY OF COVERAGE



Ryan Automotive, LLC DBA Open Road Auto Group
GVTL-AGH3
Effective: July 1, 2010
All Eligible Employees

This Summary of Coverage provides a brief description of some of the terms, conditions, exclusions and limitations of Your employer's Policy. Definitions of capitalized terms in this Summary of Coverage can be found in the Certificate. For a complete description of the terms, conditions, exclusions and limitations of Your employer's Policy, refer to the appropriate section of the Certificate. In the event of a discrepancy between this Summary of Coverage and the Certificate, the Certificate will control. For a copy of the Certificate, contact the group Policyholder or Benefits or Plan Administrator.

This Summary of Coverage is not a contract. You are not necessarily entitled to insurance under the Policy because You received this Summary of Coverage. You are only entitled to insurance if You are eligible in accordance with the terms of the Certificate.

| BENEFITS | |
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| Guarantee Issue Limit | For You: \$200,000 For Your Spouse: \$50,000 For Your Dependent Child: All Amounts Subject to any reductions, Guarantee Issue means the amount of insurance applied for which does not require Evidence of Good Health. |
| Life Insurance Benefit for You | You can be insured for amounts of life insurance from \$10,000 to \$500,000 in \$10,000 increments. In no event shall Life Insurance Benefits exceed five times Your Annual Salary. Annual Salary means Your gross Annual Salary received from the Policyholder during the Calendar Year immediately prior to the date of loss, as verified by Your W-2 form. It includes commissions, bonuses, and overtime pay received from the Policyholder. It also includes employee contributions to deferred compensation plans. It does not include Policyholder contributions to deferred compensation plans, shift differential, or other extra compensation received from the Policyholder. Calendar Year means the 12-month period beginning on January 1 of each year and ending on December 31 of the same year. |

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| | <p>For the Amount of Insurance You elected, refer to Your Enrollment Form maintained by Your Policyholder or Benefits Administrator.</p> <p>Note: In the event of death, the benefit paid will equal the benefit amount after any age reductions less any living benefits previously paid under the Policy.</p> |
| Reductions | <p>Your original Life Insurance Benefit will reduce to:</p> <ul style="list-style-type: none"> • 65% at age 65 • 50% at age 70 <p>If You are age 65 or older on the day You become insured under the Policy, the reduction will be made in accord with Your attained age.</p> <p>If You are no longer in the employ of the Policyholder (including retirement), any benefits that are being continued under the Portability provision in the Policy will end on the date You attain age 70.</p> |
| Life Insurance Benefit For Your Dependent Spouse | <p>Your lawful spouse can be insured for amounts of life insurance from \$5,000 to \$100,000 in \$5,000 increments. In no event shall the Dependent Life Insurance Benefit exceed 50% of Your Life Insurance Benefit.</p> <p>For the Amount of Insurance elected for Your spouse, refer to Your Enrollment Form maintained by Your Policyholder or Benefits Administrator.</p> |
| Life Insurance Benefit For Your Dependent Child(ren) (Age 14 Days to 21 Years- 25 Years if Full-time Student) | <p>Your eligible Dependent children can be insured for amounts of life insurance from \$2,000 to \$10,000 in \$1,000 increments. In no event shall the Dependent Life Insurance Benefit exceed 50% of Your Life Insurance Benefit.</p> <p>For the Amount of Insurance elected for Your Dependent children, refer to Your Enrollment Form maintained by Your Policyholder or Benefits Administrator.</p> |
| EMPLOYEE ELIGIBILITY | |
| Minimum Work Hours Required | 30 or more hours each week |
| Eligibility Waiting Period | <p>Present: None</p> <p>Future: 3 months</p> |
| When Employee Insurance Begins | <p>The Employee must request insurance by properly completing and signing an enrollment form acceptable to Us and submitting this form to the Policyholder. The Employee will become insured on the first day of the month which coincides with or follows the later of the day:</p> <ul style="list-style-type: none"> • the Employee becomes eligible; or • the Employee's enrollment form, acceptable to Us, is properly completed and signed; <p>and, if required, We approve Evidence of Good Health provided the Employee is Actively Employed on that date.</p> |

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| <p>Changes in the Amount of Your Insurance</p> | <p>Decrease in the Amount of Your Insurance Regardless of whether or not You are Actively Employed at the time, any decrease in the amount of insurance will take effect on the day of the decrease. The amount of insurance cannot be decreased to an amount less than any plan minimums shown in the Schedule of the Certificate. Any reductions due to age as shown in the Schedule in the Certificate will apply.</p> <p>Increase in the Amount of Your Insurance You cannot request an increase to the amount of Your insurance unless You are Actively Employed on the day You submit such request. Any increase in the amount of Your insurance will take effect on the later of the day:</p> <ul style="list-style-type: none"> • of the change; or • the day We approve Your Evidence of Good Health, if required by Us. |
| <p>When Employee Insurance Ends</p> | <p>Insurance will end on the earliest of the day:</p> <ul style="list-style-type: none"> • the Policy terminates; • You are no longer Actively Employed; • You do not satisfy any other eligibility conditions described in the Certificate; • any applicable premium contribution is due and unpaid; or • You enter the Armed Forces, National Guard or Reserves of any state or country on active duty (except for temporary active duty of two weeks or less). |
| <p>DEPENDENT ELIGIBILITY</p> | |
| <p>Definition of Dependent</p> | <p>Dependent means a citizen, permanent resident, or lawful resident of the United States who, as indicated by evidence acceptable to Us, is:</p> <ul style="list-style-type: none"> • Your lawful spouse; • Your natural born or legally adopted child; • Your stepchild living in Your home; or • any other child who lives with the Employee in a regular parent-child relationship and for whom You claimed as a Dependent on Your last filed federal income tax return. <p>A dependent does not include a child less than age 14 days or who has attained the Limiting Age defined in the Certificate. NOTE: As required by New Jersey law, Your lawful spouse also includes Your partner in a civil union.</p> |
| <p>Definition of Limiting Age</p> | <p>Limiting Age means a child's 21st birthday or 25th birthday if the child is a Full-Time student.</p> |

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| When Dependent Insurance Begins | <p>You may request Dependent insurance by properly completing and signing an enrollment form acceptable to Us and submitting the form to the Policyholder. An eligible Dependent will be insured on the latest of the day:</p> <ul style="list-style-type: none"> • You become insured; • You acquire the eligible Dependent; or • You properly complete and sign an enrollment form acceptable to Us for Dependent insurance and submit it as described above. <p>If We do not receive Your request to insure Your Dependents within 31 days from the day the Dependent is eligible for insurance, We will require Evidence of Good Health for Your Dependent. If such evidence is acceptable to Us, Your Dependent will become insured on the date We approve the Dependent’s Evidence of Good Health. In order to insure an eligible Dependent child, You must insure all eligible Dependent children. You must also apply for the same amount of insurance for each eligible Dependent child. We do not require You to insure both Your spouse and children.</p> |
| Changes in the Amount of Your Dependent’s Insurance | <p>Decrease in the Amount of Your Dependent’s Insurance Any decrease in the amount of Dependent insurance will take effect on the day of the decrease.</p> <p>The amount of Dependent insurance cannot be decreased to an amount less than any plan minimums shown in the Schedule of the Certificate.</p> <p>Increase in the Amount of Your Dependent’s Insurance Any increase in the amount of Dependent insurance will take effect the day of the change, if We do not require Evidence of Good Health. If Evidence of Good Health is required, any increase in the amount of Dependent insurance will take effect the day We approve Evidence of Good Health, if required.</p> |
| When Insurance for a Dependent Child Ends | <p>Insurance for a Dependent child will end on the earliest of the:</p> <ul style="list-style-type: none"> • day the Policy terminates; • day any premium contribution for Dependent child insurance is due and unpaid; • day Your insurance ends; • day the Dependent child is no longer eligible; or • day Your insurance is continued without payment of premium under the Waiver of Premium Benefit provision in the Employee Eligibility section of the Certificate. |
| When Insurance for a Dependent Spouse Ends | <p>Insurance for a Dependent spouse will end on the earliest of the:</p> <ul style="list-style-type: none"> • day the Policy terminates; • day You attain age 70; • day any premium contribution for Dependent spouse insurance is due and unpaid; • day Your insurance ends; • day the Dependent spouse is no longer eligible; or • day Your insurance is continued without payment of premium under the Waiver of Premium Benefit provision in the Employee Eligibility section of the Certificate. |
| FEATURES | |
| Living Benefits Option For You | <p>50% of the amount of the Life Insurance Benefit is available to You if You incur a Terminal Condition, but not to exceed \$100,000. Terminal Condition means an Injury or Sickness expected to result in Your death within 12 months and from which there is no reasonable prospect of recovery as determined by Us.</p> |

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| Layoff or Leave of Absence | <p>You may be able to continue Life insurance until the last day of the month You are no longer Actively Employed in the event of an involuntary layoff or personal leave of absence approved by the Policyholder.</p> <p>If a state law requires an employer to allow a leave of absence related to pregnancy, childbirth, or adoption, We will continue insurance during that leave period subject to the terms and conditions of the Policy. Contact Your employer to determine whether or not You are eligible for this type of leave.</p> |
| Waiver of Premium Benefit | <p>You may be able to continue Life insurance until age 65, without payment of premium, if You become Totally Disabled while insured under the Policy prior to age 60.</p> |
| Portability | <p>You may be able to obtain Life insurance under the Portability provision when insurance ends prior to age 70 due to any of the following reasons:</p> <ul style="list-style-type: none"> • the Policy terminates and the Policyholder does not obtain similar group insurance from Us within 31 days; • employment with the Policyholder ends for reasons other than Your Injury, Sickness or Disability; • You are not Actively Employed; • You retire; or • You do not satisfy any other eligibility condition described in the Certificate. <p>Insurance under the Portability provision is available without providing Evidence of Good Health, subject to conditions described in Your Certificate.</p> <p>Dependent insurance under the Portability provision may be obtained without providing Evidence of Good Health for Your Dependents subject to conditions described in Your Certificate.</p> |
| Conversion | <p>If any of Your Life insurance ends because Your employment or membership in a class ends, You may apply for an individual policy of life insurance (called a conversion policy) without giving information about Your health. Issuance of a conversion policy is subject to conditions described in Your Certificate.</p> |
| LIFE EXCLUSIONS | |
| <p>We will not pay benefits for a death which results from suicide, while sane or insane within two years from the date insurance begins. Instead We will pay the sum of the premiums paid.</p> <p>If death results from suicide, while sane or insane, within two years from the effective date of any increase in the amount of coverage, the amount of the increase will not be paid. Instead We will pay the total of the premiums paid on the increase.</p> | |

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