

Activision Blizzard, Inc.

Leave of Absence Policy

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Activision Blizzard Leave of Absence Policy

Purpose

The purpose of this policy is to establish guidelines for Activision Blizzard, Inc. and all of its subsidiaries (collectively, the “Company”) governing leaves of absence and to ensure that leaves of absence are granted and administered in accordance with federal/state laws.

Overview and General Provisions

It is the Company’s policy to grant leaves of absence to all eligible employees on a non-discriminatory basis. The following provisions apply to all leaves of absence provided by the Company, unless otherwise specified:

- Leaves are granted and administered in accordance with federal/state laws. Wherever such statutory or other leave provisions overlap, they will run concurrently to the fullest extent permitted by law. The Company will further comply with its legal obligations under federal/state laws to reasonably accommodate eligible employees.
- This policy highlights some of the leaves of absence that the Company provides to eligible U.S. employees. The fact that an employee may be granted a leave of absence does not change the at-will nature of his/her employment. In addition, while it is the Company’s intent to continue providing leaves of absence, we reserve the right to amend this policy at any time for any reason, consistent with the law.
- Employees are required to contact Aflac, the Company’s third-party administrator for leaves of absence, to request a leave of absence and submit any required documentation. Leaves of absence will not be approved unless and until Aflac has all the information necessary to make a determination. The fact that an employee has requested a leave does not imply that the request will be approved or that the time off will be protected under any state or federal laws.
- Employees may not accept other additional employment, apply for unemployment insurance or engage in any other activities while on a leave of absence that are inconsistent with the stated purpose/reasons for the leave, unless otherwise approved by the Human Resources Department. In addition, misrepresentation of facts concerning the need for a leave will be considered a violation of Company policy. Engaging in the above-described conduct may result in disciplinary action, up to and including termination of the leave and/or employment.
- Leaves of absence are generally provided on an unpaid basis. Depending on the leave, employees may be allowed to use all applicable Sick, Vacation, and/or Paid Time Off (PTO) (collectively referred to as “accrued time”) towards the leave. Employees are also encouraged to contact the Benefits Department regarding the availability of other paid benefit programs, including the Company’s short-term disability (STD) and long-term disability (LTD) plans, and state paid disability and paid family and medical leave programs (PFL/PFML) available through applicable states who offer benefits. State disability; CA, HI, NJ, NY, RI, PR. State paid family and medical leave; CA NY, MA, WA. All such benefits will be integrated with accrued time in accordance with Company policy.

- The Company and/or its third-party administrators reserve the right to require additional dependent certification documentation before approving any of the leaves described below.
- While on leave, the maximum time that group health insurance coverage will continue is generally six (6) months after the start of an approved long-term disability; thereafter, employees will be eligible for continuation of benefits through a COBRA¹-equivalent program. For leaves not associated with short or long-term disability, the maximum time that group health insurance coverage will continue is generally six (6) months from leave start date; thereafter, employees will be eligible for continuation of benefits through a COBRA¹ equivalent program. Employees are encouraged to contact the Benefits Department regarding the availability of COBRA coverage or any other benefit continuation programs. To the extent an employee is using accrued time, the employee's benefit contributions will be automatically deducted from the resulting pay. If an employee's accrued time bank has been depleted (or if the employee's accrued time is insufficient to cover the employee's total bi-weekly contributions), the employee is responsible for the payment of the remainder of the contributions due, generally through payroll deductions upon return from leave. To ensure that insurance coverage will continue throughout the leave of absence, employees are advised to consult with the Benefits Department. An employee's failure to timely pay his or her employee contributions for benefits may result in the termination of the employee's insurance coverage, and the Company may recover its share of the total costs of any health insurance benefits for which it has paid.
- Employees will **not** continue to accrue Vacation or Paid Time Off benefits during a leave of absence. However, employees who use one full week of accrued time per week as pay during a leave of absence will continue to accrue time at their regular rates of accrual.
- Employees who do not return to work or do not contact the Company for three (3) consecutive business days after the expiration of an approved leave of absence (i.e., no-call-no-show) will be deemed to have voluntarily terminated their employment through job abandonment.

¹ COBRA is the Consolidated Omnibus Budget Reconciliation Act, which provides certain former employees, retirees, spouses former spouses, and dependent children the right to temporary continuation of health coverage at group rates. This coverage, however, is only available when coverage is lost due to certain specific events, voluntary or involuntary termination of employment for reasons other than gross misconduct, or reduction in the number of hours of employment. For spouses, the qualifying events include: voluntary or involuntary termination of the covered employee's employment for any reason other than gross misconduct; reduction in the hours worked by the covered employee; covered employee's becoming entitled to Medicare; divorce or legal separation of the covered employee; or the death of the covered employee. For dependent children, the qualifying events are the same as for spouses with the addition of the loss of dependent child status under the plan rules.

The Company provides for the following protected leaves of absence:

- **Family Medical Leave Act (FMLA)**

The FMLA entitles eligible employees to take unpaid, job-protected leave for up to 12 workweeks in a 12-month period for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. In addition, the military family leave provisions of the FMLA entitle eligible employees to take an unpaid, job-protected leave for up to 12 workweeks in a 12-month period for any “qualifying exigency” arising from the foreign deployment of the employee’s spouse, son, daughter, or parent with the Armed Forces, or for up to 26 workweeks in a 12-month period to care for a servicemember with a serious injury or illness if the employee is the servicemember’s spouse, son, daughter, parent or next of kin.

- **California Family Rights Act (CFRA) (*California only*)**

The CFRA entitles eligible employees to take up to 12 workweeks of unpaid leave in a 12-month period for the birth of a child for purposes of bonding, for placement of a child in the employee's family for adoption or foster care, for the serious health condition of the employee's child or child of registered domestic partner, parent, spouse or state registered domestic partner, grandparent, grandchild or sibling, and for the employee's own serious health condition.

- **Pregnancy Disability Leave (PDL) (*California only*)**

PDL entitles women with up to 17 1/3 weeks of disability leave due to pregnancy, childbirth, or a related medical condition.

- **New York Paid Family Leave (NY PFL) (*New York only*)**

The NY PFL entitles eligible employees to take up to 12 workweeks of partial paid, job protected leave in a 12-month period for the birth of a child for purposes of bonding, for placement of a child in the employee’s family for adoption or foster care, for the serious health condition of the employee’s child, step child, parent, parent-in-law, spouse, domestic partner registered in the state of New York, grandchild or grandparent with continuation of group health coverage under the same terms and conditions as if the employee had not taken leave. In addition, the military family leave provisions of the NY PFL entitle eligible employees to take paid, job-protected leave for up to 12 workweeks in a 12-month period for any “qualifying exigency” arising from the foreign deployment of the employee’s spouse, child or parent with the Armed Forces.

- **Washington Paid Family and Medical Leave (WA PFML) (*Washington only*)**

The WA PFML entitles eligible employees to take up to 12 workweeks of partial paid, job protected leave in a 12-month period for the birth of a child for purposes of bonding, for placement of a child in the employee’s family for adoption or foster care, for the serious health condition of the employee, the employee’s child, step child, grandchild, parent, parent-in-law, grandparent, sibling, spouse, or registered domestic partner, with continuation of group health coverage under the same terms and conditions as if the employee had not taken leave. In addition, the military family leave provisions of the WA PFML entitle eligible employees to take paid, job-protected leave for up to 12 workweeks in a 12-month period for any “qualifying exigency” arising from the foreign deployment of the employee’s spouse, child or parent with the Armed Forces.

- **Massachusetts Paid Family and Medical Leave (MA PFML) (*Massachusetts only*)**

The MA PFML entitles eligible employees to take up to 12 workweeks of job protected, partial paid family leave, up to 20 workweeks of job protected, partial paid medical leave, or up to 26 weeks of combined family and medical leave in a 12-month period for the birth of a child for purposes of bonding, for placement of a child in the employee’s family for adoption or foster care, for the serious health condition of the employee, the employee’s spouse, domestic partner, child, parent, grandchild, grandparent or sibling; the parent of the employee’s spouse or domestic partner; and guardians who legally acted as a parent when the employee was a minor, with continuation of group health coverage under the same terms and conditions as if the employee had not taken leave. In addition, the military family leave provisions of the MA PFML entitle eligible employees to take partial paid, job-protected leave for up to 12 workweeks in a 12-month period for any “qualifying exigency” arising from the foreign deployment of the employee’s spouse, child or parent with the Armed Forces or for up to 26

workweeks in a 12-month period to care for a servicemember with a serious injury or illness if the employee is the servicemember's spouse, son, daughter, parent or next of kin.

- **Other Disability Leaves**

Employees may be eligible for a leave as required to reasonably accommodate employees with a qualifying disability under the Americans with Disabilities Act of 1990 (ADA), the Fair Employment and Housing Act (FEHA-CA only), or other comparable state laws, where undue hardship would not result, or as may be required by state workers' compensation laws.

- **Other Legally Required Leaves of Absences**

Employees may also be eligible for other leaves as required by law.

Each of these leave categories is explained in greater detail below. These leaves may run concurrently. Questions regarding leaves should be directed to the Benefits Department.

A. Family Medical Leave Act (FMLA)

The FMLA entitles eligible employees to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

1. Eligibility

To be eligible for FMLA Leave, an employee must:

Have worked for the Company for at least 12 months prior to the start of the leave; and

Have worked at least 1,250 hours in the 12 months prior to the leave.

2. FMLA Leaves may be requested for:

a. Twelve workweeks of leave in a 12-month period for:

The birth of a child and to care for the newborn child within one year of birth;

The placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;

To care for the employee's spouse, child, or parent who has a serious health condition;

A serious health condition that makes the employee unable to perform the essential functions of his or her job;

Any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" **or**

- b. Twenty-six workweeks of leave during a single 12-month period to care for a covered servicemember with a serious injury or illness if the eligible employee is the servicemember's spouse, son, daughter, parent, or next of kin (military caregiver leave).

3. Requesting FMLA Leave

- a. Employees should notify Aflac and the Company (i.e., their manager, Human Resources, and/or the Benefits Department) of their request for FMLA Leave as soon as they are aware of the need for such leave.
- b. If the need for the leave is foreseeable (i.e., for planned, non-emergency medical treatment), the employee must give a minimum of thirty (30) days advance notice to the Company. If an employee fails to provide the requisite thirty (30) days advance notice for foreseeable events without any reasonable excuse for the delay, the Company reserves the right to delay the taking of the leave until at least thirty (30) days after the date the employee provides notice of the need for leave.
- c. If the need for the leave is not foreseeable, the employee must give notice as soon as practicable. Typically, this should be within two (2) business days of when the need for a medical leave becomes known to the employee.
- d. To initiate a leave request, employees must contact Aflac, the Company's third party leave of absence administrator by calling 1-800-206-6720 or registering the leave online at <https://mygrouplifedisability.aflac.com/s/> Medical certification must be returned to Aflac, as described below in Section A.4.
- e. All requests for FMLA Leave should include the anticipated date(s) and duration of the leave. When reasonably possible, any request for an extension of the leave must be submitted to Aflac at least five (5) working days prior to the date on which the employee was originally scheduled to return to work and must include a revised return to work date. The Company reserves the right to refuse any extension of the leave, within its reasonable discretion, consistent with the law.
- f. **Managers will not ask or inquire about the reasons for an employee's leave request.** Instead, to ensure the employee's privacy, the Benefits Department will coordinate with Aflac to make any necessary inquiries and will evaluate whether there is a medical need for the leave. The Benefits Department will ensure that all medical information provided by employees is kept in the strictest confidence.

4. Medical Certification

All requests for FMLA Leave must be supported by medical certification from a health care provider.

The certification form will be provided by Aflac.

Certification must generally be provided before the leave begins, or for unforeseeable leaves, within fifteen (15) calendar days of the Company's or Aflac's request.

Failure or refusal to provide the required medical certification may result in a denial of leave and potentially termination of employment.

Under appropriate circumstances, Aflac may request a second or third opinion from a health care provider.

Requests for extension of leave require an updated medical certification, which must be submitted to Aflac prior to the expiration of the leave.

5. Reasonable Accommodation

If an employee's leave is no longer covered by the FMLA (or was not covered in the first place), other protections may apply, including those created by the Americans with Disabilities Act of 1990 (ADA) or other comparable state laws. Under the ADA, reasonable accommodation may be available to qualified individuals with disabilities. Leave may be a form of reasonable accommodation under the ADA. Employees needing or requesting a reasonable accommodation may be required to submit additional information and/or fill out additional forms with the help of their health care providers. To initiate an accommodation request under the ADA, employees must contact Aflac, the Company's third party leave of absence administrator by calling 1-800-206-6720 or registering the accommodation request online at <https://mygroupplifedisability.aflac.com/s/>.

6. Intermittent Leave

FMLA Leave taken intermittently for the birth, adoption, or foster care placement of a child or baby bonding requires at least seven (7) days' advance notice.

All FMLA Leaves for birth, adoption or foster care placement must be concluded within one (1) year of the birth, adoption or placement.

FMLA Leave taken for the employee's own serious health condition or the serious health condition of the employee's child, spouse, or parent may be taken intermittently or on a reduced schedule where medically necessary. Each absence for intermittent leave must be reported to Aflac within two (2) days of each separate occurrence.

Aflac may request certification or recertification of the need for intermittent leave from a health care provider once every thirty (30) days.

7. No Retroactive Leaves

Employees may not submit retroactive leave requests more than seven (7) days after a leave of absence has been taken. As noted above (see Section A.3.), leave requests must be made at least thirty (30) days in advance, or as soon as practicable (within two business days when the need for a medical leave becomes known to the employee). In cases where Aflac has enough information to determine whether a leave is being taken for an FMLA-qualifying reason, Aflac will notify the employee as to whether the leave will be designated as FMLA Leave and will count the absence as FMLA Leave, even if done so retroactively.

8. FMLA Leave's Effect on Pay

a. Use of Accrued Time for FMLA Leaves

FMLA Leave taken to care for a family member with a serious medical condition is unpaid.

- a) Employees may use their available accrued time balance towards the leave.

Employees receiving benefit payments from any state Paid Family and Medical Leave program may use accrued time to supplement their paid leave benefits during leave, not to exceed 100% of their regular base salary/pay.

Employees who are ineligible for or are not receiving payments from any state Paid Family and Medical Leave program may use their available accrued time during the leave, not to exceed 100% of their base salary/pay.

FMLA Leave taken for an employee's own serious medical condition is unpaid.

Employees may use accrued time for the five (5) business day waiting period before disability benefits begin. Thereafter, employees may use accrued time to supplement their paid leave benefits during the leave, not to exceed 100% of their base salary/pay.

b. State Disability/Paid Medical Leave Programs (*CA, CT, MA, NJ, NY and WA only*)

- 1) Employees should check with their specific state for available state income replacement programs for their own disability. For information on eligibility, application procedures, benefit limits, etc.:

- California employees should visit: <http://edd.ca.gov/Disability/>
- Connecticut employees should visit: <https://ctpaidleave.org/>
- Massachusetts employees should visit: <https://www.mass.gov/how-to/how-to-apply-for-paid-family-and-medical-leave-pfml>
- New Jersey employees should visit: <http://lwd.dol.state.nj.us/labor/tidi/tidiindex.html>
- New York employees should visit: <https://ww3.nysif.com/Home/Claimant/DBClaimant/FilingAClaim>
- Washington employees should visit: <https://paidleave.wa.gov/>

- 2) It is the responsibility of the employee to apply for any available state disability benefits. Whether applied for or not, an employee eligible for short-term disability will have the amount of the eligible payment offset from any state disability and from his/her Aflac disability payment.

c. State Paid Family and Medical Leave Programs (PFL/PFML) (*CA, CT, MA, NJ, NY and WA only*)

Employees who need to take time off from work for their own serious medical condition or to care for a seriously ill qualified family member or to bond with a new child may be

eligible for partial wage continuation benefits through state programs, where applicable. Employees should check with their specific state for information about available partial wage continuation programs that may be available.

CA PFL qualified family members include child, parent, parent-in-law, grandparent, grandchild, sibling, spouse or registered domestic partner.

CT PFML qualified family members include child, parent, grandparent, grandchild, sibling, spouse, or an individual related to the employee by blood or affinity, and whose close association with the employee shows to be the equivalent of those family relationships.

MA PFML qualified family members include spouse, domestic partner, child, parent, grandchild, grandparent, sibling, the parent of the employee's spouse or domestic partner; and guardians who legally acted as a parent when the employee was a minor.

NJ PFML qualified family members include child, parent, parent-in-law, grandparent, grandchild, spouse, registered domestic partner, civil union partner, sibling or other blood relative or an individual related to the employee by blood or affinity, and whose close association with the employee shows to be the equivalent of those family relationships.

WA PFML qualified family members include child, step-child, parent, step-parent, parent-in-law, sibling, grandparent, grandchild, spouse or registered domestic partner.

NY PFL qualified family members include child, step-child, parent, step-parent, parent-in-law, grandparent, grandchild, spouse or registered domestic partner. WA PFML qualified family members include child, step-child, parent, step-parent, parent-in-law, sibling, grandparent, grandchild, spouse or registered domestic partner.

- California: <http://edd.ca.gov/Disability/>
- Connecticut: <https://ctpaidleave.org/>
- Massachusetts: <https://www.mass.gov/how-to/how-to-apply-for-paid-family-and-medical-leave-pfml>
- New Jersey: <http://lwd.dol.state.nj.us/labor/tidi/tidiindex.html>
- New York: <https://ww3.nysif.com/Home/Claimant/DBClaimant/FilingAClaim>
- Washington: <https://paidleave.wa.gov/>

Employees may also contact the Benefits Department to obtain more information on state paid benefits.

9. Amount of FMLA Leave

- a. Provided all the conditions of this policy are met, an employee may take a maximum of twelve (12) workweeks of FMLA Leave in a rolling 12-month period measured backwards from the date the employee's leave starts.

- b. Use of accrued time during FMLA Leave does not extend the total duration of the job protection under the FMLA beyond twelve (12) workweeks in a rolling 12-month period.
- c. If the medical leave extends beyond FMLA protection, the leave will be reviewed for an ADA accommodation.

10. Returning to Work

- a. Prior to returning to work from any medical leave (whether or not covered under the FMLA) the employee must provide a doctor's release to return to work to Aflac, the Human Resources or to the Benefits Department, stating that the employee is medically able to return to work and should list any applicable work restrictions, unless the employee's original medical certification provides a return to work date. The employee will not be allowed to return to work unless and until this medical certification is provided.
- b. Unless otherwise permitted by law, an employee returning from a qualified leave of absence in a timely manner (i.e., on the next work day following expiration of his/her approved medical leave) is entitled to reinstatement in the same or comparable position (e.g., a position with the same wage and level of responsibility) in which the employee was employed prior to the leave.
- c. If the employee is unable to perform the essential functions of his or her position, the Company will attempt to locate an alternative position for the employee for which he/she is qualified, as required by law. The Company will reasonably accommodate disabled employees as required by law. Employees, however, have no greater right to employment than if they had been continuously employed rather than on leave.

B. California Family Rights Act (CFRA) (*California only*)

The CFRA entitles eligible employees to take an unpaid leave for the birth of a child for purposes of bonding, for placement of a child in the employee's family for adoption or foster care, for the serious health condition of the employee's child, child of registered domestic partner, parent, spouse or state registered domestic partner, grandparent, grandchild or sibling, and for the employee's own serious health condition.

1. Eligibility

To be eligible for a CFRA Leave, an employee must:

Have worked for the Company for at least 12 months prior to the start of the leave; and

Have worked at least 1,250 hours in the last 12 months prior to the leave.

2. CFRA Leaves may be requested for:

Twelve (12) workweeks of leave in a rolling 12-month period for:

Birth of a child for purposes of bonding;
Placement of a child in the employee's family for adoption or foster care;
The serious health condition of the employee's child, child of registered domestic partner, parent, spouse or domestic partner registered in the state of California, grandparent, grandchild or sibling; or
The employee's own serious health condition.

3. Requesting CFRA Leave

- a. Employees should notify Aflac and the Company (i.e., their manager, Human Resources, and/or the Benefits Department) of their request for CFRA Leave as soon as they are aware of the need for such leave.
- b. If the need for the leave is foreseeable (i.e., for planned, non-emergency medical treatment), the employee must give a minimum of thirty (30) days advance notice to the Company. If an employee fails to provide the requisite thirty (30) days advance notice for foreseeable events without any reasonable excuse for the delay, the Company reserves the right to delay the taking of the leave until at least thirty (30) days after the date the employee provides notice of the need for leave.
- c. If the need for the leave is not foreseeable, the employee must give notice as soon as practicable. Typically, this should be within two (2) business days of when the need for a medical leave becomes known to the employee.
- d. To initiate a leave request, employees must contact Aflac, the Company's third party leave of absence administrator by calling 1-800-206-6720 or registering leave online at <https://mygrouplifedisability.aflac.com/s/>. Medical certification must be returned to Aflac as described below in Section B.5.
- e. All requests for CFRA Leave should include the anticipated date(s) and duration of the leave. When reasonably possible, any request for an extension of the leave must be submitted to Aflac at least five (5) working days prior to the date on which the employee was originally scheduled to return to work and must include a revised return to work date.
- f. **Managers will not ask or inquire about the reasons for an employee's leave request.** Instead, to ensure the employee's privacy, the Benefits Department will coordinate with Aflac to make any necessary inquiries and will evaluate whether there is a medical need for the leave. The Benefits Department will ensure that all medical information provided by employees is kept in the strictest confidence.

4. Runs Concurrently with FMLA Leave

This leave will run concurrently with any FMLA leave to which an employee may be entitled under Section A of this policy.

5. Medical Certification

- a. All requests for CFRA Leave must be supported by medical certification from a health care provider, unless the CFRA Leave is for baby bonding time.
- b. The certification form will be provided by Aflac.
- c. Certification must generally be provided before the leave begins, or for unforeseeable leaves, within fifteen (15) calendar days of the Company's or Aflac's request.
- d. Failure or refusal to provide the required medical certification may result in a denial of leave and potentially termination of employment.
- e. Under appropriate circumstances, Aflac may request a second or third opinion from a health care provider.
- f. Requests for extension of leave require an updated medical certification, which must be submitted to Aflac prior to the expiration of the leave.

6. Reasonable Accommodation

If an employee's leave is no longer covered by CFRA (or was not covered in the first place), other protections may apply, including those created by the Americans with Disabilities Act of 1990 (ADA) or other comparable state laws, such as the Fair Employment and Housing Act (FEHA). Under the ADA and FEHA, reasonable accommodations may be available to qualified individuals with disabilities. Leave may be a form of reasonable accommodation under the ADA and FEHA. Employees needing or requesting a reasonable accommodation may be required to submit additional information and/or fill out additional forms with the help of their health care providers. To initiate an accommodation request, employees must contact Aflac, the Company's third party leave of absence administrator by calling 1-800-206-6720 or registering the accommodation request online at <https://mygrouplifedisability.aflac.com/s/>.

7. Intermittent Leave

- a. CFRA Leave taken intermittently for the birth, adoption, or foster care placement of a child or baby bonding requires at least seven (7) days' advance notice.
- b. All CFRA Leaves for birth, adoption or foster care placement must be concluded within one (1) year of the birth, adoption or placement.
- c. CFRA Leave taken for the employee's own serious health condition or the serious health condition of the employee's child, spouse, registered domestic partner, or parent may be taken intermittently or on a reduced schedule where medically necessary. Each absence for intermittent leave must be reported to Aflac within two (2) days of each separate occurrence.
- d. The Company may request certification or recertification of the need for intermittent leave from a health care provider once every thirty (30) days.

8. No Retroactive Leaves

Employees may not submit retroactive leave requests more than seven (7) days after a leave of absence has been taken. As noted above (see Section B.3.), leave requests must be made at least thirty (30) days in advance, or as soon as practicable (within two business days when the need for a medical leave becomes known to the employee). In cases where Aflac has enough information to determine whether a leave is being taken for a CFRA (or FMLA)-qualifying reason, Aflac will notify the employee as to whether the leave will be designated as CFRA (or FMLA) Leave and will count the absence as CFRA (or FMLA) Leave, even if done so retroactively.

9. CFRA Leave's Effect on Pay

a. Use of Accrued Time for CFRA Leaves

- 1) CFRA Leave taken to care for a family member with a serious medical condition is unpaid.

Employees receiving benefit payments from the California Paid Family Leave (CA PFL) program (see Section B.9.c. below) may use their accrued time to supplement their paid leave benefits during the leave, not to exceed 100% of their regular base salary/pay.

Employees who are ineligible for or are not receiving benefit payments from the CA PFL program may use their available accrued time during the leave, not to exceed 100% of their regular base salary/pay.

CFRA Leave taken for employee's own serious medical condition is unpaid.

Employees may use accrued time for the five (5) business day waiting period before disability benefits begin. Employees may also use accrued time to supplement their paid leave benefits during the leave, not to exceed 100% of their base salary/pay.

b. State Disability Insurance (SDI)

- 1) Employees should check with their specific state for available state income replacement programs for their own disability. For information on eligibility, application procedures, benefit limits, etc.:
 - California employees should visit: <http://edd.ca.gov/Disability/>
- 2) It is the responsibility of the employee to apply for any available state disability benefits. Whether applied for or not, an employee eligible for short-term disability will have the amount of the eligible payment offset from any state disability and from his/her Aflac disability payment.

c. California Paid Family Leave Program (CA PFL) (CA only)

Employees who need to take time off from work to care for a seriously ill child, spouse, parent, registered domestic partner, parents-in-law, grandchildren, grandparents and siblings or to bond with a new child may be eligible for a partial wage continuation program

through the state of California. Employees should check with their specific state for information about available partial wage continuation programs that may be available.

- California employees should visit: http://edd.ca.gov/Disability/FAQ_PFL_Eligibility.htm

Employees may obtain a brochure discussing their rights and obligations under the CA PFL program and a CA PFL benefits claim form from the Employment Development Department of the state of California at the website above or from the Benefits Department.

10. Amount of CFRA Leave

- a. Provided all the conditions of this policy are met, an employee may take a maximum of twelve (12) workweeks of CFRA Leave in a 12-month period measured backwards from the date the employee's leave starts.
- b. Use of accrued time during CFRA Leave does not extend the total duration of the job protection under the CFRA beyond twelve (12) workweeks in a 12-month period.
- c. If the medical leave extends beyond CFRA protection, the leave will be reviewed for an ADA accommodation.

11. Returning to Work

- a. Prior to returning to work from any medical leave (whether or not covered under CFRA) the employee must provide a doctor's release to return to work to Aflac, the Human Resources or the Benefits Department, stating that the employee is medically able to return to work and should list any applicable work restrictions, unless the employee's original medical certification provides a return to work date. The employee will not be allowed to return to work unless and until this medical certification is provided.
- b. Unless otherwise permitted by law, an employee returning from a qualified leave of absence in a timely manner (i.e., on the next work day following expiration of his/her approved medical leave) is entitled to reinstatement in the same or comparable position (e.g., a position with the same wage and level of responsibility) in which the employee was employed prior to the leave.
- c. If the employee is unable to perform the essential functions of the position, the Company will attempt to locate an alternative position for the employee for which he/she is qualified, as required by law. The Company will reasonably accommodate disabled employees as required by law. Employees, however, have no greater right to employment than if they had been continuously employed rather than on leave.

C. New York Paid Family Leave (NY PFL) (*New York only*)

The NY PFL entitles eligible employees to take job protected, paid leave for the birth of a child for purposes of bonding, for placement of a child in the employee's family for adoption or foster care, for the serious health condition of the employee's child, stepchild, parent, stepparent, parent-in-law, grandchild, grandparent, spouse or registered domestic partner. NY PFL provisions include military leave for up to 12 workweeks in a 12-month period for any "qualifying

exigency” arising from the foreign deployment of the employee’s spouse, child or parent with the Armed Forces.

1. Eligibility

To be eligible for a NY PFL Leave, an employee must:

Work a regular schedule of 20 hours or more per week and have worked for 26 consecutive weeks prior to leave start date; or

Work a regular schedule of 20 hours or less per week and have worked 175 days prior to leave start date (175 days do not need to be consecutive).

2. NY PFL Leaves may be requested for:

Twelve (12) workweeks of leave in a rolling 12-month period for:

- a. Birth of a child for purposes of bonding;
- b. Placement of a child in the employee’s family for adoption or foster care;
- c. The serious health condition of the employee’s child, stepchild, parent, stepparent, parent-in-law, grandparent, grandchild, spouse or domestic partner registered in the state of New York.

3. Requesting NY PFL Leave

Employees should notify Aflac and the Company (i.e., their manager, Human Resources, and/or the Benefits Department) of their request for NY PFL Leave as soon as they are aware of the need for such leave.

If the need for the leave is foreseeable (i.e., for planned, non-emergency medical treatment), the employee must give a minimum of thirty (30) days advance notice to the Company. If an employee fails to provide the requisite thirty (30) days advance notice for foreseeable events without any reasonable excuse for the delay, the Company reserves the right to delay the taking of the leave until at least thirty (30) days after the date the employee provides notice of the need for leave.

If the need for the leave is not foreseeable, the employee must give notice as soon as practicable. Typically, this should be within two (2) business days of when the need for a medical leave becomes known to the employee.

To initiate a leave request, employees must contact Aflac, the Company’s third party leave of absence administrator by calling 1-800-206-6720 or registering leave online at <https://mygrouplifedisability.aflac.com/s/>. Medical certification must be returned to Aflac as described below in Section C.5.

All requests for NY PFL Leave should include the anticipated date(s) and duration of the leave. When reasonably possible, any request for an extension of the leave must be submitted to Aflac

at least five (5) working days prior to the date on which the employee was originally scheduled to return to work and must include a revised return to work date.

Managers will not ask or inquire about the reasons for an employee's leave request.

Instead, to ensure the employee's privacy, the Benefits Department will coordinate with Aflac to make any necessary inquiries and will evaluate whether there is a medical need for the leave. The Benefits Department will ensure that all medical information provided by employees is kept in the strictest confidence.

4. Runs Concurrently with FMLA Leave

This leave may run concurrently with any FMLA leave to which an employee may be entitled under Section A of this policy.

5. Medical Certification

- a. All requests for NY PFL Leave must be supported by medical certification from a health care provider, unless the NY PFL Leave is for baby bonding time or military leave.
- b. The certification form will be provided by Aflac.
- c. Certification must generally be provided before the leave begins, or for unforeseeable leaves, within fifteen (15) calendar days of the Company's or Aflac's request.
- d. Failure or refusal to provide the required medical certification may result in a denial of leave and potentially termination of employment.
- e. Under appropriate circumstances, Aflac may request a second or third opinion from a health care provider.
- f. Requests for extension of leave require an updated medical certification, which must be submitted to Aflac prior to the expiration of the leave.

6. Reasonable Accommodation

If an employee's leave is no longer covered by NY PFL (or was not covered in the first place), other protections may apply, including those created by the Americans with Disabilities Act of 1990 (ADA) or other comparable state laws. Under the ADA, reasonable accommodations may be available to qualified individuals with disabilities. Leave may be a form of reasonable accommodation under the ADA. Employees needing or requesting a reasonable accommodation may be required to submit additional information and/or fill out additional forms with the help of their health care providers. To initiate an accommodation request under the ADA, employees must contact Aflac, the Company's third party leave of absence administrator by calling 1-800-206-6720 or registering the accommodation request online at <https://mygrouplifedisability.aflac.com/s/>.

7. Intermittent Leave

NY PFL Leave taken intermittently for the birth, adoption, or foster care placement of a child or baby bonding requires at least seven (7) days' advance notice.

All NY PFL Leaves for birth, adoption or foster care placement must be concluded within one (1) year of the birth, adoption or placement.

NY PFL Leave taken for the serious health condition of an eligible family member may be taken intermittently or on a reduced schedule where medically necessary. Each absence for intermittent leave must be reported to Aflac within two (2) days of each separate occurrence.

The Company may request certification or recertification of the need for intermittent leave from a health care provider once every thirty (30) days.

8. No Retroactive Leaves

Employees may not submit retroactive leave requests more than seven (7) days after a leave of absence has been taken. As noted above (see Section B.3.), leave requests must be made at least thirty (30) days in advance, or as soon as practicable (within two business days when the need for a medical leave becomes known to the employee). In cases where Aflac has enough information to determine whether a leave is being taken for a NY PFL (or FMLA)-qualifying reason, Aflac will notify the employee as to whether the leave will be designated as NY PFL (or FMLA) Leave and will count the absence as NY PFL (or FMLA) Leave, even if done so retroactively.

9. NY PFL Leave's Effect on Pay

a. Use of Accrued Time for NY PFL Leaves

- 1) NY PFL Leave taken to care for a family member with a serious medical condition, bond with a child or for military leave provisions is paid by the state of New York. Employees may use accrued time to supplement their paid leave benefits during the leave, not to exceed 100% of their regular base/salary/pay.
- 2) Employees who are not eligible for, or are not receiving benefit payments from the NY PFL program may use their available accrued time during the leave, not to exceed 100% of their regular base/salary/pay.

10. Amount of NY PFL Leave

- a. Provided all the conditions of this policy are met, an employee may take a maximum of twelve (12) workweeks of NY PFL Leave in a 12-month period measured backwards from the date the employee's leave starts.
- b. Use of accrued time during NY PFL Leave does not extend the total duration of the job protection under the NY PFL beyond twelve (12) workweeks in a 12-month period.
- c. If the medical leave extends beyond NY PFL protection, the leave will be reviewed for an ADA accommodation.

11. Returning to Work

- a. Prior to returning to work from any medical leave (whether or not covered under NY PFL the employee must provide a doctor's release to return to work to Aflac, the Human Resources or the Benefits Department, stating that the employee is medically able to return to work and should list any applicable work restrictions, unless the employee's original medical certification provides a return to work date. The employee will not be allowed to return to work unless and until this medical certification is provided.
- b. Unless otherwise permitted by law, an employee returning from a qualified leave of absence in a timely manner (i.e., on the next work day following expiration of his/her approved medical leave) is entitled to reinstatement in the same or comparable position (e.g., a position with the same wage and level of responsibility) in which the employee was employed prior to the leave.
- c. If the employee is unable to perform the essential functions of the position, the Company will attempt to locate an alternative position for the employee for which he/she is qualified, as required by law. The Company will reasonably accommodate disabled employees as required by law. Employees, however, have no greater right to employment than if they had been continuously employed rather than on leave.

Employees may obtain a brochure discussing their rights and obligations under the NY PFL program and a NY PFL benefits claim form from the New York State Paid Family Leave website above or from the Benefits Department.

D. Washington Paid Family and Medical Leave (WA PFML) (*Washington only*)

The WA PFML entitles eligible employees to take job protected, partial paid leave for the birth of a child for purposes of bonding, for placement of a child in the employee's family for adoption or foster care, for the serious health condition of the employee, the employee's child, stepchild, parent, stepparent, parent-in-law, sibling, grandchild, grandparent, spouse or registered domestic partner. WA PFML provisions include military leave for up to 12 workweeks in a 12-month period for any "qualifying exigency" arising from the foreign deployment of the employee's spouse, child or parent with the Armed Forces.

1. Eligibility

To be eligible for a WA PFML Leave, an employee must:

- a. Experience a qualifying event and
- b. Work 820 hours within previous year before leave start date

2. WA PFML may be requested for:

Twelve (12) workweeks of leave in a rolling 12-month period for:

- a. The birth of a child for the purposes of bonding; Placement of a child in the employee's family for adoption or foster care;
- b. The serious health condition of the employee (non-work related);
- c. The serious health condition of the employee's child, stepchild, parent, stepparent, parent-in-law, sibling grandparent, grandchild, spouse or registered domestic partner.

3. Requesting WA PFML

Employees should notify Aflac and the Company (i.e., their manager, Human Resources, and/or the Benefits Department) of their request for WA PFL Leave as soon as they are aware of the need for such leave.

If the need for the leave is foreseeable (i.e., for planned, non-emergency medical treatment), the employee must give a minimum of thirty (30) days advance notice to the Company. If an employee fails to provide the requisite thirty (30) days advance notice for foreseeable events without any reasonable excuse for the delay, the Company reserves the right to delay the taking of the leave until at least thirty (30) days after the date the employee provides notice of the need for leave.

If the need for the leave is not foreseeable, the employee must give notice as soon as practicable. Typically, this should be within two (2) business days of when the need for a medical leave becomes known to the employee.

To initiate a leave request, employees must contact Aflac, the Company's third party leave of absence administrator by calling 1-800-206-6720 or registering leave online at [Home \(aflac.com\)](http://Home.aflac.com). Medical certification must be returned to Aflac as described below in Section C.5.

All requests for WA PFL Leave should include the anticipated date(s) and duration of the leave. When reasonably possible, any request for an extension of the leave must be submitted to Aflac at least five (5) working days prior to the date on which the employee was originally scheduled to return to work and must include a revised return to work date.

Managers will not ask or inquire about the reasons for an employee's leave request.

Instead, to ensure the employee's privacy, the Benefits Department will coordinate with Aflac to make any necessary inquiries and will evaluate whether there is a medical need for the leave. The Benefits Department will ensure that all medical information provided by employees is kept in the strictest confidence.

4. Runs Concurrently with FMLA Leave

This leave may run concurrently with any FMLA leave to which an employee may be entitled under Section A of this policy.

5. Medical Certification

All requests for WA PFML Leave must be supported by medical certification from a health care provider, unless the WA PFL Leave is for baby bonding time or military leave.

The certification form will be provided by Aflac.

Certification must generally be provided before the leave begins, or for unforeseeable leaves, within fifteen (15) calendar days of the Company's or Aflac's request.

Failure or refusal to provide the required medical certification may result in a denial of leave and potentially termination of employment.

Under appropriate circumstances, Aflac may request a second or third opinion from a health care provider.

Requests for extension of leave require an updated medical certification, which must be submitted to Aflac prior to the expiration of the leave.

6. Reasonable Accommodation

If an employee's leave is no longer covered by WA PFML (or was not covered in the first place), other protections may apply, including those created by the Americans with Disabilities Act of 1990 (ADA) or other comparable state laws. Under the ADA, reasonable accommodations may be available to qualified individuals with disabilities. Leave may be a form of reasonable accommodation under the ADA. Employees needing or requesting a reasonable accommodation may be required to submit additional information and/or fill out additional forms with the help of their health care providers. To initiate an accommodation request under the ADA, employees must contact Aflac, the Company's third party leave of absence administrator by calling 1-800-206-6720 or registering the accommodation request online at [Home \(aflac.com\)](http://Home.aflac.com).

7. Intermittent Leave

WA PFML Leave taken intermittently for the birth, adoption, or foster care placement of a child or baby bonding requires at least seven (7) days' advance notice.

All WA PMFL Leaves for birth, adoption or foster care placement must be concluded within one (1) year of the birth, adoption or placement.

WA PFML Leave taken for the serious health condition of an employee or eligible family member may be taken intermittently or on a reduced schedule where medically necessary. Each absence for intermittent leave must be reported to Aflac within two (2) days of each separate occurrence.

The Company may request certification or recertification of the need for intermittent leave from a health care provider once every thirty (30) days.

8. No Retroactive Leaves

Employees may not submit retroactive leave requests more than seven (7) days after a leave of absence has been taken. As noted above (see Section B.3.), leave requests must be made at least thirty (30) days in advance, or as soon as practicable (within two business days when the need for a medical leave becomes known to the employee). In cases where Aflac has enough information to determine whether a leave is being taken for a WA PFL (or FMLA)-qualifying reason, Aflac will notify the employee as to whether the leave will be designated as WA PFL (or FMLA) Leave and will count the absence as WA PFL (or FMLA) Leave, even if done so retroactively.

9. WA PFML Leave's Effect on Pay

Use of Accrued Time for WA PFL Leaves

WA PFML Leave taken for the employee's own serious medical condition, to care for a family member with a serious medical condition, bond with a child or for military leave provisions is paid by the state of Washington. Employees may use accrued time to supplement their paid leave benefits during the leave, not to exceed 100% of their regular base/salary/pay.

Employees who are not eligible for, or are not receiving benefit payments from the WA PFML program may use their available accrued time during the leave, not to exceed 100% of their regular base/salary/pay.

10. Amount of WA PFML Leave

Provided all the conditions of this policy are met, an employee may take a maximum of twelve (12) workweeks of WA PFML Leave in a 12-month period measured backwards from the date the employee's leave starts.

Use of accrued time during WA PFML Leave does not extend the total duration of the job protection under the WA PFML beyond twelve (12) workweeks in a 12-month period.

If the medical leave extends beyond WA PFML protection, the leave will be reviewed for an ADA accommodation.

11. Returning to Work

Prior to returning to work from any medical leave (whether or not covered under WA PFL the employee must provide a doctor's release to return to work to Aflac, the Human Resources or the Benefits Department, stating that the employee is medically able to return to work and should list any applicable work restrictions, unless the employee's original medical certification provides a return to work date. The employee will not be allowed to return to work unless and until this medical certification is provided.

Unless otherwise permitted by law, an employee returning from a qualified leave of absence in a timely manner (i.e., on the next work day following expiration of his/her approved medical leave) is entitled to reinstatement in the same or comparable position (e.g., a position with the same wage and level of responsibility) in which the employee was employed prior to the leave.

If the employee is unable to perform the essential functions of the position, the Company will attempt to locate an alternative position for the employee for which he/she is qualified, as required by law. The Company will reasonably accommodate disabled employees as required by law. Employees, however, have no greater right to employment than if they had been continuously employed rather than on leave.

Employees may obtain a brochure discussing their rights and obligations under the WA PFML program and a WA PFML benefits claim form from the Washington State Paid Family and Medical Leave website above or from the Benefits Department.

E. Massachusetts Paid Family and Medical Leave (MA PFL) (Massachusetts only)

The MA PFML entitles eligible employees to take job protected, partial paid leave for the birth of a child for purposes of bonding, for placement of a child in the employee's family for adoption or foster care, for the serious health condition of the employee, the employee's child, stepchild, parent, stepparent, parent-in-law, sibling, grandchild, grandparent, spouse or registered domestic partner. MA PFL provisions include military leave for up to 12 workweeks in a 12-month period for any "qualifying exigency" arising from the foreign deployment of the employee's spouse, child or parent with the Armed Forces.

1. Eligibility

To be eligible for a MA PFML Leave, an employee must:

Experience a qualifying event and be a W-2 employee; including full-time, part-time, and temporary employees, as well as some 1099-MISC contractors. Former employees are also covered for up to 26 weeks post separation.

Earned at least \$5,400 during the last c4 completed calendar quarters, and

At least 30 times more than how much you would be eligible to get each week from your PFML benefits.

2. MA PFML Leaves may be requested for:

Twelve (12) workweeks of leave in a rolling 12-month period for:

- a. The birth of a child for the purposes of bonding; Placement of a child in the employee's family for adoption or foster care;
- b. The serious health condition of the employee (non-work related); MA PFML may extend up to 20 weeks in a year for leave due to the employees own serious health condition.

- c. The serious health condition of the employee's spouse, domestic partner, child, parent, grandchild, grandparent, sibling, the parent of the employee's spouse or domestic partner and guardians who legally acted as a parent when the employee was a minor. *This section of the MA PFML becomes effective on July 1, 2021.*
- d. To manage any needs that take place immediately after a family member is deployed in a foreign country or has been notified of an upcoming deployment in a foreign country; MA PFML may be taken for up to 26 weeks in a year to care for a family member who is a current member of the Armed Forces, including the National Guard and Reserves

3. Requesting MA PFML Leave

- a. Employees should notify Aflac and the Company (i.e., their manager, Human Resources, and/or the Benefits Department) of their request for MA PFML Leave as soon as they are aware of the need for such leave.
- b. If the need for the leave is foreseeable (i.e., for planned, non-emergency medical treatment), the employee must give a minimum of thirty (30) days advance notice to the Company. If an employee fails to provide the requisite thirty (30) days advance notice for foreseeable events without any reasonable excuse for the delay, the Company reserves the right to delay the taking of the leave until at least thirty (30) days after the date the employee provides notice of the need for leave.
- c. If the need for the leave is not foreseeable, the employee must give notice as soon as practicable. Typically, this should be within two (2) business days of when the need for a medical leave becomes known to the employee.
- d. To initiate a leave request, employees must contact Aflac, the Company's third party leave of absence administrator by calling 1-800-206-6720 or registering leave online at [Home \(aflac.com\)](http://Home.aflac.com). Medical certification must be returned to Aflac as described below in Section C.5.
- e. All requests for MA PFML Leave should include the anticipated date(s) and duration of the leave. When reasonably possible, any request for an extension of the leave must be submitted to Aflac at least five (5) working days prior to the date on which the employee was originally scheduled to return to work and must include a revised return to work date.
- f. **Managers will not ask or inquire about the reasons for an employee's leave request.** Instead, to ensure the employee's privacy, the Benefits Department will coordinate with Aflac to make any necessary inquiries and will evaluate whether there is a medical need for the leave. The Benefits Department will ensure that all medical information provided by employees is kept in the strictest confidence.

4. Runs Concurrently with FMLA Leave

This leave may run concurrently with any FMLA leave to which an employee may be entitled under Section A of this policy.

5. Medical Certification

- a. All requests for MA PFML Leave must be supported by medical certification from a health care provider, unless the MA PFML Leave is for baby bonding time or military leave.
- b. The certification form will be provided by Aflac.
- c. Certification must generally be provided before the leave begins, or for unforeseeable leaves, within fifteen (15) calendar days of the Company's or Aflac's request.
- d. Failure or refusal to provide the required medical certification may result in a denial of leave and potentially termination of employment.
- e. Under appropriate circumstances, Aflac may request a second or third opinion from a health care provider.
- f. Requests for extension of leave require an updated medical certification, which must be submitted to Aflac prior to the expiration of the leave.

6. Reasonable Accommodation

If an employee's leave is no longer covered by MA PFML (or was not covered in the first place), other protections may apply, including those created by the Americans with Disabilities Act of 1990 (ADA) or other comparable state laws. Under the ADA, reasonable accommodations may be available to qualified individuals with disabilities. Leave may be a form of reasonable accommodation under the ADA. Employees needing or requesting a reasonable accommodation may be required to submit additional information and/or fill out additional forms with the help of their health care providers. To initiate an accommodation request under the ADA, employees must contact Aflac, the Company's third party leave of absence administrator by calling 1-800-206-6720 or registering the accommodation request online at [Home \(aflac.com\)](http://Home.aflac.com).

7. Intermittent Leave

- a. MA PFML Leave taken intermittently for the birth, adoption, or foster care placement of a child or baby bonding requires at least seven (7) days' advance notice.
- b. All MA PFML Leaves for birth, adoption or foster care placement must be
- c. concluded within one (1) year of the birth, adoption or placement.
- d. MA PFML Leave taken for the serious health condition of an eligible family member may be taken intermittently or on a reduced schedule where medically necessary. Each absence for intermittent leave must be reported to Aflac within two (2) days of each separate occurrence.

- e. The Company may request certification or recertification of the need for intermittent leave from a health care provider once every thirty (30) days.

8. No Retroactive Leaves

Employees may not submit retroactive leave requests more than seven (7) days after a leave of absence has been taken. As noted above (see Section B.3.), leave requests must be made at least thirty (30) days in advance, or as soon as practicable (within two business days when the need for a medical leave becomes known to the employee). In cases where Aflac has enough information to determine whether a leave is being taken for a MA PFML (or FMLA)-qualifying reason, Aflac will notify the employee as to whether the leave will be designated as MA PFML (or FMLA) Leave and will count the absence as MA PFML (or FMLA) Leave, even if done so retroactively.

9. MA PFML Leave's Effect on Pay

Use of Accrued Time for MA PFML Leaves

- 1) MA PFML Leave taken for the employee's own serious medical condition, to care for a family member with a serious medical condition, bond with a child or for military leave provisions is paid by the state of Massachusetts. Employees may use accrued time to supplement their paid leave benefits during the leave, not to exceed 100% of their regular base/salary/pay.
- 2) Employees who are ineligible for or are not receiving benefit payments from the MA PFML program may use their available accrued time during the leave, not to exceed 100% of their regular base/salary/pay.

10. Amount of MA PFML Leave

- a. Provided all the conditions of this policy are met, an employee may take up to a maximum of twenty-six (26) workweeks of MA PFML Leave in a 12-month period measured backwards from the date the employee's leave starts.
- b. Use of accrued time during MA PFML Leave does not extend the total duration of the job protection under the MA PFML beyond twenty-six (26) workweeks in a 12-month period.
- c. If the medical leave extends beyond MA PFML protection, the leave will be reviewed for an ADA accommodation.

11. Returning to Work

- a. Prior to returning to work from any medical leave (whether or not covered under MA PFML the employee must provide a doctor's release to return to work to Aflac, the Human Resources or the Benefits Department, stating that the employee is medically able to return to work and should list any applicable work restrictions, unless the employee's original medical certification provides a return to work date. The employee will not be allowed to return to work unless and until this medical certification is provided.
- b. Unless otherwise permitted by law, an employee returning from a qualified leave of absence in a timely manner (i.e., on the next work day following expiration of his/her approved medical leave) is entitled to reinstatement in the same or comparable position (e.g., a position with the same wage and level of responsibility) in which the employee was employed prior to the leave.
- c. If the employee is unable to perform the essential functions of the position, the Company will attempt to locate an alternative position for the employee for which he/she is qualified, as required by law. The Company will reasonably accommodate disabled employees as required by law. Employees, however, have no greater right to employment than if they had been continuously employed rather than on leave.

Employees may obtain a brochure discussing their rights and obligations under the MA PFML program and a MA PFML benefits claim form from the Massachusetts State Paid Family and Medical Leave website above or from the Benefits Department.

F. Pregnancy Disability Leave (PDL) (*California only*)

Pregnancy Disability Leave (PDL) entitles women with up to 17 1/3 weeks of disability leave due to pregnancy, childbirth, or a related medical condition.

1. Eligibility

In California, any employee disabled due to pregnancy, childbirth or related conditions may take a PDL for the period of time she is actually disabled for up to a maximum of 17 1/3 weeks (693 hours for employees working a 5-day per week schedule).

2. Requesting PDL

Notification and certification as described in Sections A.3 and A.4 above also apply to any PDL.

3. Runs Concurrently with FMLA Leave

This leave will run concurrently with any FMLA Leave to which the employee may be entitled under Section A of this policy.

4. Does Not Run Concurrently with CFRA Leave (*California only*)

PDL does not run concurrently with CFRA Leave in California. However, if an employee has utilized her 17 1/3 weeks of PDL prior to the birth of the baby, and her physician determines that additional leave is medically necessary, the Company reserves the right to commence the employee's 12-week entitlement under the CFRA, immediately following the expiration of PDL.

5. Reasonable Accommodation

An employee with a pregnancy-related disability is entitled to temporarily transfer to a less strenuous position or ask that her work assignment be changed (including a transfer of non-essential job duties) as long as the request is supported by proper medical certification and the transfer can be reasonably accommodated without undue hardship to the Company, as required by law.

6. Medical Certification

- a. All requests for PDL must be supported by medical certification from a health care provider.
- b. The certification form will be provided by Aflac.
- c. Certification must generally be provided before the leave begins, or for unforeseeable leaves, within fifteen (15) calendar days of the Company's or Aflac's request.
- d. Failure or refusal to provide the required medical certification may result in a denial of leave and potentially termination of employment.
- e. Under appropriate circumstances, Aflac may request a second or third opinion from a health care provider.
- f. Requests for extension of leave require an updated medical certification, which must be submitted to Aflac prior to the expiration of the leave.

7. Intermittent Leave

PDL may be taken intermittently or on a reduced schedule, as required by law.

8. Use of Accrued Time for PDL

PDL is unpaid leave. Employees may use accrued time during any portion of a PDL. If the employee is receiving state-paid and/or short-term disability benefits, the employee may use accrued time to supplement these benefits during leave. At the end of the protected leave period, employees may choose to exhaust their accrued time.

9. PDL's Effect on Pay

- a. The provisions of the Company's FMLA policy regarding the leave's effect on pay (Section A.8) apply to all PDLs.
- b. Short-term disability and partial wage continuation benefits offered by the State of California are described in Section A.8.c. and apply during any PDL.

10. Amount of PDL

- a. Provided all the conditions of this policy are met, an employee may take a maximum of 17 1/3 weeks of PDL per pregnancy.
- b. Use of accrued time during PDL does not extend the total duration of the job protection under PDL laws.
- c. If the medical leave extends beyond PDL protection, the leave will be reviewed for an ADA accommodation.

11. Returning to Work

The provisions of the Company's FMLA Leave policy regarding reinstatement (Section A.10) apply to all PDLs.

G. Company Paid Parental Leave

Company paid Parental Leave entitles eligible employees to take up to ten (10) weeks of paid leave for the birth of a child(ren) or for placement of a child(ren) in the employee's family for adoption.

1. Eligibility

All regular full-time and/or part-time employees working at least thirty (30) hours a week are eligible to receive company paid Parental Leave. This leave may run concurrently with any FMLA leave to which an employee may be entitled under Section A of this policy.

2. Company paid Parental Leave may be requested for:

Ten (10) workweeks of leave in a 12-month period for the birth or adoption of a child(ren) for the purposes of bonding.

3. Requesting Company Paid Parental Leave

- a. Employees should notify Aflac and the Company (i.e., their manager, Human Resources, and/or the Benefits Department) of their request for company paid Parental Leave as soon as they are aware of the need for such leave.
- b. If the need for the leave is foreseeable the employee must give a minimum of thirty (30) days advance notice to the Company. If an employee fails to provide the requisite thirty (30) days advance notice for foreseeable events without any reasonable excuse for the delay, the Company reserves the right to delay the taking of the leave until at least thirty (30) days after the date the employee provides notice of the need for leave.
- c. If the need for the leave is not foreseeable, the employee must give notice as soon as practicable. Typically, this should be within two (2) business days of when the need for a medical leave becomes known to the employee.
- d. To initiate a leave request, employees must contact Aflac, the Company's third party leave of absence administrator by calling 1-800-206-6720 or registering leave online at [Home \(aflac.com\)](http://Home.aflac.com). Proof of birth or adoption must be returned to Aflac.
- e. All requests for company paid Parental Leave should include the anticipated date(s) and duration of the leave. When reasonably possible, any request for an extension of the leave must be submitted to Aflac at least five (5) working days prior to the date on which the employee was originally scheduled to return to work and must include a revised return to work date. The Company reserves the right to refuse any extension of the leave, within its reasonable discretion, consistent with the law.
- f. **Managers will not ask or inquire about the reasons for an employee's leave request.** Instead, to ensure the employee's privacy, the Benefits Department will coordinate with Aflac to make any necessary inquiries and will evaluate whether there is a medical need for the leave. The Benefits Department will ensure that all medical information provided by employees is kept in the strictest confidence.

4. Certification – Proof of Birth or Adoption

- a. All requests for company paid Parental Leave must be supported by medical certification from a health care provider, proof of birth, or Adoption paperwork.
- b. The certification form will be provided by Aflac.
- c. Certification must generally be provided before the leave begins, or for unforeseeable leaves, within fifteen (15) calendar days of the Company's or Aflac's request.
- d. Failure or refusal to provide the required medical certification may result in a denial of leave and potentially termination of employment.

5. Intermittent Leave

Company Paid Parental Leave taken for the birth of a child(ren) or for placement of a child(ren) in the employee's family for adoption may be taken intermittently or on a reduced schedule. Each absence for intermittent leave must be reported to Aflac within two (2) days of each separate occurrence.

Company Paid Parental Leave taken for birth or adoption must be concluded within one (1) year of the event.

6. No Retroactive Leaves

Employees may not submit retroactive leave requests more than seven (7) days after a leave of absence has been taken. As noted above (see Section C.3 b.), leave requests must be made at least thirty (30) days in advance, or as soon as practicable (within two business days when the need for a medical leave becomes known to the employee). In cases where the Company has enough information to determine whether a leave is being taken for an FMLA-qualifying reason, the Company will notify the employee as to whether the leave will be designated as FMLA Leave and will count the absence as FMLA Leave, even if done so retroactively.

7. Company Paid Parental Leave Effect on Pay

Use of Accrued Time for Company Paid Parental Leave

Company Paid Parental Leave taken for the purpose of bonding with a child(ren) is a company paid benefit.

- a) Employees may use up to ten (10) weeks of Company Paid Parental Leave towards the leave.
 - i. Employees may integrate the (10) weeks of company paid Company Paid Parental Leave with applicable state paid family leave programs and/or accrued time, not to exceed 100% of their regular base salary/pay.
 - ii. Employees who are ineligible for or are not receiving benefit payments from the Company Paid Parental Leave or state PFL programs may use their available accrued time during the leave, not to exceed 100% of their regular base salary/pay.
- b) State Paid Family Leave Programs (PFL) (*CA, CT, MA, NJ, NY and WA*)

Employees who need to take time off from work to bond with a new child(ren) may be eligible for partial wage replacement benefits through applicable state programs. Employees should check with their specific state for information about paid family leave programs that may be available.

- California: <http://edd.ca.gov/Disability/>
- Connecticut: <https://ctpaidleave.org/>
- Massachusetts: <https://www.mass.gov/how-to/how-to-apply-for-paid-family-and-medical-leave-pfml>

- New Jersey: <http://lwd.dol.state.nj.us/labor/tdi/tdiindex.html>
- New York: <https://ww3.nysif.com/Home/Claimant/DBClaimant/FilingAClaim>
- Washington: <https://paidleave.wa.gov/>

Employees may also contact the Benefits Department to obtain more information on state PFL benefits.

8. Amount of Company Paid Parental Leave

Provided all the conditions of this policy are met, an employee may take a maximum of ten (10) workweeks of Company Paid Parental Leave in a 12-month period.

9. Returning to Work

Prior to returning to work, the employee must provide/confirm their return to work date to Aflac, the Human Resources or the Benefits Department.

Unless otherwise permitted by law, an employee returning from a qualified leave of absence in a timely manner (i.e., on the next work day following expiration of his/her approved medical leave) is entitled to reinstatement in the same or comparable position (e.g., a position with the same wage and level of responsibility) in which the employee was employed prior to the leave.

If the employee is unable to perform the essential functions of his or her position, the Company will attempt to locate an alternative position for the employee for which he/she is qualified, as required by law. The Company will reasonably accommodate disabled employees as required by law. Employees, however, have no greater right to employment than if they had been continuously employed rather than on leave.

H. Company Paid Compassion Leave

Compassion Leave entitles eligible employees to take up to ten (10) weeks of paid leave for specified immediate family members with a terminal illness during the last 12 months of life.

1. Eligibility

All regular full-time and/or part-time employees working at least thirty (30) hours a week are eligible to receive Compassion Leave Pay. This leave may run concurrently with any FMLA leave to which an employee may be entitled under Section A of this policy.

2. Compassion Leave may be requested for:

Ten (10) workweeks of leave in a 12-month period to care for/and or spend time with the employee's spouse/domestic partner, child/step-child, or parent/step-parent who is terminally ill with up to 12 months' life expectancy.

3. Requesting Compassion Leave

- a. Employees should notify Aflac and the Company (i.e., their manager, Human Resources, and/or the Benefits Department) of their request for Compassion Leave Pay as soon as they are aware of the need for such leave.
- b. If the need for the leave is foreseeable the employee must give a minimum of thirty (30) days advance notice to the Company. If an employee fails to provide the requisite thirty (30) days advance notice for foreseeable events without any reasonable excuse for the delay, the Company reserves the right to delay the taking of the leave until at least thirty (30) days after the date the employee provides notice of the need for leave.
- c. If the need for the leave is not foreseeable, the employee must give notice as soon as practicable. Typically, this should be within two (2) business days of when the need for a medical leave becomes known to the employee.
- d. To initiate a leave request, employees must contact Aflac, the Company's third party leave of absence administrator by calling 1-800-206-6720 or registering leave online at [Home \(aflac.com\)](http://Home.aflac.com). Medical certification for family member's serious health condition must be returned to Aflac.
- e. All requests for Compassion Leave Pay should include the anticipated date(s) and duration of the leave. When reasonably possible, any request for an extension of the leave must be submitted to Aflac at least five (5) working days prior to the date on which the employee was originally scheduled to return to work and must include a revised return to work date. The Company reserves the right to refuse any extension of the leave, within its reasonable discretion, consistent with the law.
- f. **Managers will not ask or inquire about the reasons for an employee's leave request.** Instead, to ensure the employee's privacy, the Benefits Department will coordinate with Aflac to make any necessary inquiries and will evaluate whether there is a medical need for the leave. The Benefits Department will ensure that all medical information provided by employees is kept in the strictest confidence.

4. Medical Certification

- a. All requests for Compassion Leave must be supported by medical certification from a health care provider for the family member's serious and/or terminal health condition.
- b. The certification form will be provided by Aflac.
- c. Certification must generally be provided before the leave begins, or for unforeseeable leaves, within fifteen (15) calendar days of the Company's or Aflac's request.
- d. Failure or refusal to provide the required medical certification may result in a denial of leave and potentially termination of employment.

- e. Under appropriate circumstances, Aflac may request a second or third opinion from a health care provider.
- f. Requests for extension of leave require an updated medical certification, which must be submitted to Aflac prior to the expiration of the leave.

5. Intermittent Leave

Compassion Leave taken for the serious and/or terminal health condition of the employee's spouse, child/step-child or parent/step-parent may be taken intermittently or on a reduced schedule where medically necessary. Each absence for intermittent leave must be reported to Aflac within two (2) days of each separate occurrence.

Aflac may request certification or recertification of the need for intermittent leave from a health care provider once every thirty (30) days.

6. No Retroactive Leaves

Employees may not submit retroactive leave requests more than seven (7) days after a leave of absence has been taken. As noted above (see Section 3 b.), leave requests must be made at least thirty (30) days in advance, or as soon as practicable (within two business days when the need for a medical leave becomes known to the employee). In cases where Aflac has enough information to determine whether a leave is being taken for an FMLA-qualifying reason, Aflac will notify the employee as to whether the leave will be designated as FMLA Leave and will count the absence as FMLA Leave, even if done so retroactively.

7. Compassion Leave Effect on Pay

Use of Accrued Time for Compassion Leave

1. Compassion Leave taken to care for a family member with a terminal medical condition is a company paid benefit.
 - a) Employees may use up to ten (10) weeks of Compassion Leave Pay towards the leave.

After the (10) weeks of company paid Compassion Leave Pay is taken, employees may apply for benefit payments from the California Paid Family Leave (CA PFL) or New York Paid Family Leave (NY PFL) programs. Employees may use accrued time to supplement their paid leave benefits during the leave, not to exceed 100% of their regular base salary/pay.

Employees who are not eligible for, or are not receiving benefit payments from the Compassion Leave Pay or California or New York PFL programs may use their available accrued time during the leave, not to exceed 100% of their regular base salary/pay.

b) State Paid Family Leave Programs (PFL) (CA, CT, MA, NJ, NY, MA and WA)

1) An employee who needs to take time off from work to care for a seriously and /or terminally ill qualified family member may be eligible for a partial wage continuation through applicable state programs. Employees should check with their specific state for information about available partial wage continuation programs that may be available. Compassion Leave may have narrower eligibility requirements than some state regulations and/or partial wage continuation programs.

- California: <http://edd.ca.gov/Disability/>
- Connecticut: <https://ctpaidleave.org/>
- Massachusetts: <https://www.mass.gov/how-to/how-to-apply-for-paid-family-and-medical-leave-pfml>
- New Jersey: <http://lwd.dol.state.nj.us/labor/tidi/tidiindex.html>
- New York: <https://ww3.nysif.com/Home/Claimant/DBClaimant/FilingAClaim>
- Washington: <https://paidleave.wa.gov/>

Employees may also contact the Benefits Department to obtain more information on state PFL benefits.

8. Amount of Compassion Leave Pay

Provided all the conditions of this policy are met, an employee may take a maximum of ten (10) workweeks of Compassion Leave Pay in a 12-month period.

9. Returning to Work

Prior to returning to work, the employee must provide/confirm their return to work date to Aflac, the Human Resources or the Benefits Department.

Unless otherwise permitted by law, an employee returning from a qualified leave of absence in a timely manner (i.e., on the next work day following expiration of his/her approved medical leave) is entitled to reinstatement in the same or comparable position (e.g., a position with the same wage and level of responsibility) in which the employee was employed prior to the leave.

If the employee is unable to perform the essential functions of his or her position, the Company will attempt to locate an alternative position for the employee for which he/she is qualified, as required by law. The Company will reasonably accommodate disabled employees as required by law. Employees, however, have no greater right to employment than if they had been continuously employed rather than on leave.

I. Domestic Partner Leave

The Company's Domestic Partner Leave policy entitles eligible employees to take unpaid, job-protected leave to care for the employee's domestic partner who has a serious health condition. Such leaves are not covered by the Family Medical Leave Act (FMLA) (but are covered by the California Family Rights Act (CFRA) as described in Section B.1 and New York Paid Family Leave (NY PFL) as described in Section C.1), in addition to Massachusetts and Washington Paid Family and Medical Leave programs.

1. Eligibility

To be eligible for Domestic Partner Leave, an employee must:

- a. Have worked for the Company for at least 12 months prior to the start of the leave; and
- b. Have worked at least 1,250 hours in the 12 months prior to the leave.

2. Domestic Partner Leaves may be requested for:

Twelve (12) workweeks of leave in a rolling 12-month period to care for the employee's domestic partner who has a serious health condition.

3. Requesting Domestic Partner Leave

Employees should notify Aflac and the Company (i.e., their manager, Human Resources, and/or the Benefits Department) of their request for Domestic Partner Leave as soon as they are aware of the need for such leave.

If the need for the leave is foreseeable (i.e., for planned, non-emergency medical treatment), the employee must give a minimum of thirty (30) days advance notice to the Company. If an employee fails to provide the requisite thirty (30) days advance notice for foreseeable events without any reasonable excuse for the delay, the Company reserves the right to delay the taking of the leave until at least thirty (30) days after the date the employee provides notice of the need for leave.

If the need for the leave is not foreseeable, the employee must give notice as soon as practicable. Typically, this should be within two (2) business days of when the need for a medical leave becomes known to the employee.

To initiate a leave request, employees must contact Aflac, the Company's third party leave of absence administrator by calling 1-800-206-6720 or registering leave online at [Home \(aflac.com\)](http://Home.aflac.com). Medical certification must be returned to Aflac, as described below in Section F.5.

All requests for Domestic Partner Leave should include the anticipated date(s) and duration of the leave. When reasonably possible, any request for an extension of the leave must be submitted to Aflac at least five (5) working days prior to the date on which the employee was originally scheduled to return to work and must include a revised return to work date.

Managers will not ask or inquire about the reasons for an employee's leave request.

Instead, to ensure the employee's privacy, the Benefits Department will coordinate with Aflac to make any necessary inquiries and will evaluate whether there is a medical need for the leave. The Benefits Department will ensure that all medical information provided by employees is kept in the strictest confidence.

4. Domestic Partner Leave Does Not Run Concurrently with FMLA Leave

This leave does not count against any FMLA leave to which an employee may be entitled under Section A of this policy, but may count against any CFRA or NY PFL leave to which an employee may be entitled.

5. Medical Certification

- a. All requests for Domestic Partner Leave must be supported by medical certification from a health care provider.
- b. The certification form will be provided by Aflac.
- c. Certification must generally be provided before the leave begins, or for unforeseeable leaves, within fifteen (15) calendar days of the Company's or Aflac's request.
- d. Failure or refusal to provide the required medical certification may result in a denial of leave and potentially termination of employment.
- e. Under appropriate circumstances, Aflac may request a second or third opinion from a health care provider.
- f. Requests for extension of leave require an updated medical certification, which must be submitted to Aflac prior to the expiration of the leave.

6. Intermittent Leave

Domestic Partner Leave may be taken intermittently or on a reduced schedule where medically necessary. Aflac may request certification or recertification of the need for intermittent leave from a health care provider once every thirty (30) days.

7. No Retroactive Leaves

Employees may not submit retroactive leave requests more than seven (7) days after a leave of absence has been taken. As noted above (see Section B.3.), leave requests must be made at least thirty (30) days in advance, or as soon as practicable (within two business days when the need for a medical leave becomes known to the employee).

8. Domestic Partner Leave's Effect on Pay

Domestic Partner Leave is unpaid. Employees may use accrued time during any portion of a Domestic Partner Leave.

a. State Paid Family Leave Programs (PFL) (CA, MA, NY, WA)

An employee who needs to take time off from work to care for a domestic partner who is registered in a state that offers paid family leave benefits, may be eligible for partial wage continuation benefits through state PFL programs. Employees should check with their specific state for information about available partial wage continuation programs that may be available.

California: http://edd.ca.gov/Disability/FAQ_PFL_Eligibility.htm

Massachusetts: <https://www.mass.gov/how-to/how-to-apply-for-paid-family-and-medical-leave-pfml>

New York: <https://www.ny.gov/programs/new-york-state-paid-family-leave>

Washington: <https://paidleave.wa.gov/workers>

Employees may also contact the Benefits Department to obtain more information on state PFL benefits.

9. Amount of Domestic Partner Leave

- a. Provided all the conditions of this policy are met, an employee may take a maximum of twelve (12) workweeks of Domestic Partner Leave in a rolling 12-month period measured backwards from the date the employee's leave starts.
- b. Use of accrued time during Domestic Partner Leave does not extend the total duration of the leave under this policy beyond twelve (12) workweeks in a rolling 12-month period.

J. Military Leave for Employee's Own Military Service

All employees are entitled to time off without pay for active military duty in any of the armed services of the United States, for a period not to exceed five (5) cumulative years, or inactive duty as a member of the organized reserve forces of any of the armed services of the United States.

1. Eligibility

The Company will grant employees a military leave of absence to the extent required by applicable federal and state law. The actual leave time available to an employee will depend on the type of military service.

2. Requesting Military Leave of Absence

An employee requesting a military leave should contact Aflac and the Company (i.e., his/her manager, Human Resources, and/or the Benefits Department) to report the upcoming Military Leave of Absence and provide a copy of the official orders or instructions.

3. Military Leave's Effect on Pay

All regular full-time and/or part-time employees working at least thirty (30) hours a week are eligible to receive military differential pay (the difference between an employee's normal base compensation and the pay the employee receives while on military duty) for up to twelve (12) months. Employees must submit military pay verification data. An employee who has exhausted his/her 12 months of differential pay will be granted unpaid military leave.

4. Returning to Work

Employees will be reinstated in accordance with federal and state laws and the Uniformed Services Employment and Reemployment Rights Act ("USERRA"). For further information, please contact the Benefits Department.

5. Military Leave's Effects on Health Benefits

During a Military Leave, an employee's health benefits (and those of his/her dependents, if covered under the Company plan) will be continued for the duration of the Military Leave, for a period not to exceed five (5) cumulative years.

Employees will be responsible for the employee portion of the total cost of the health insurance benefit during the leave.

6. Accrual of Time

Employees on a Military Leave, like employees on other leaves of absences, will not continue to accrue vacation and sick time during the leave. However, upon their return from Military Leave, employees will be treated as if they had remained continuously employed for purposes of calculating accrued time off accrual as well as pay and benefits.

K. Military Family Leave Under FMLA

The military family leave provisions of the FMLA entitle eligible employees to take FMLA leave for any "qualifying exigency" arising from the foreign deployment of the employee's spouse, son, daughter, or parent with the Armed Forces, or to care for a servicemember with a serious injury or illness if the employee is the servicemember's spouse, son, daughter, parent or next of kin. To be eligible for Military Family Leave under the FMLA, an employee must: a) have worked for the Company for at least 12 months prior to the start of the leave; and b) have worked at least 1,250 hours in the 12 months prior to the leave (see Section A.1. for more information regarding the eligibility requirements under the FMLA). Certain states may offer similar military leave provisions, such as CA, NY, MA and WA.

1. Eligibility

Military Family Leave: Qualifying Exigency Leave

The Company grants eligible employees (see Section A.1. above) up to twelve (12) workweeks during any rolling 12-month period for qualifying exigencies that arise when the employee's spouse, son, daughter or parent is on covered active duty or has been notified of an impending call or order to covered active duty under FMLA.

"Covered active duty" means: a) for members of the Regular Armed Forces, duty during deployment of the member with the Armed Forces to a foreign country; or b) for members of the Reserve components of the Armed Forces (members of the National Guard and Reserves), duty during deployment of the member with the Armed Forces to a foreign country under a call or order to active duty in support of a contingency operation. Deployment to a foreign country includes deployment to international waters.

Qualifying exigencies for which an employee may take FMLA leave include making alternative child care arrangements for a child of the deployed military member, attending certain military ceremonies and briefings, or making financial or legal arrangements to address the military member's absence.

Military Family Leave: Caregiver Leave

The Company grants eligible employees (see Section A.1. above) up to twenty-six (26) workweeks during a single 12-month period to care for a covered servicemember with a serious injury or illness. The employee must be the spouse, son, daughter, parent, or next of kin of the covered servicemember.

A covered servicemember is either: a) a current member of the Armed Forces (including a member of the National Guard or Reserves) who is undergoing medical treatment, recuperation, or therapy, is in outpatient status, or is on the temporary disability retired list, for a serious injury or illness; or b) a veteran of the Armed Forces (including the National Guard or Reserves) discharged within the five-year period before the family member first takes military caregiver leave to care for the veteran and who is undergoing medical treatment, recuperation, or therapy for a qualifying serious injury or illness. A veteran who was dishonorably discharged does not meet the FMLA definition of a covered servicemember.

For a current servicemember, a serious injury or illness is one that may render the servicemember medically unfit to perform his or her military duties. For a veteran, a serious injury or illness is one that rendered the veteran medically unfit to perform his or her military duties or an injury or illness that qualifies the veteran for certain benefits from the Department of Veterans Affairs or substantially impairs the veteran's ability to work. For veterans, it includes injuries or illnesses that were incurred or aggravated during military service but that did not manifest until after the veteran left active duty.

Employees may also contact the Benefits Department to obtain more information on Military Family Leaves.

L. Workers' Compensation Leave

Workers' compensation laws cover workplace injuries or illnesses. Workers' compensation is governed by state, not federal, law, and each state's system differs slightly in the details. Generally, workers' compensation is an insurance benefit to cover an employee's lost wages and medical expenses due to a workplace injury or illness.

1. Eligibility

- a. The Company grants Workers' Compensation Leaves in accordance with state law.
- b. In the event an employee becomes injured or becomes disabled and results in lost time, the employee may be eligible for a Workers' Compensation Leave of Absence.
- c. Subject to any limitations permitted by law, the employee is entitled to take an unpaid leave of absence for the time that the employee is unable to work due to a work-related injury.

2. Initiating a Workers' Compensation Leave of Absence

Employees must apply for state workers' compensation benefits by filing a claim with Chubb, the Company's workers' compensation insurance carrier. When and if a workers' compensation claim is approved by Chubb, the employee will be paid workers' compensation benefits through Chubb, not the Company.

In some cases, employees who become injured or have a work-related injury may still be able to work, with or without work restrictions, and will not need a Workers' Compensation Leave. In other cases, if the employee is unable to work due to a work-related injury, the employee must submit a request for a leave of absence to the Benefits Department (and/or the Human Resources representative at the employee's location, where applicable), immediately upon discovery of his/her need for a Workers' Compensation Leave. Other documentation may also be required.

3. Runs Concurrently with FMLA Leave

Under appropriate circumstances, an employee's FMLA/CFRA and/or other applicable statutory medical leave will run concurrently with an approved Workers' Compensation Leave.

4. Medical Certification

- a. An employee requesting a Workers' Compensation Leave is required to provide Aflac with a medical certification from a health care provider of the employee's health condition. The medical certification form is available to all employees from Aflac. Any request for an extension of a Workers' Compensation Leave must be supported by an additional medical certification and must be provided at least two (2) weeks prior to expiration of the leave, where practicable.

- b. Upon returning to work after a Workers' Compensation Leave, an employee is required to provide the Benefits Department (and/or the Human Resources representative at the employee's location, where applicable) with a medical certification from his/her health care provider stating that the employee is released to return to work. The certification form should detail any applicable work restrictions. The employee will not be allowed to return to work unless and until this medical certification is provided.

5. Workers' Compensation Benefits' Effect on Pay

- a. Workers' compensation leaves are provided on an unpaid basis.
- b. With respect to the first day of injury/illness, an employee who is medically ordered to leave his/her scheduled shift early due to the work injury/illness will be paid for the entire shift; provided, however, the employee must report the injury/illness on the day it occurs. When and if a workers' compensation claim is approved by the Company's workers' compensation insurance carrier, the employee will be paid workers' compensation benefits through Chubb. However, employees may use accrued time during the waiting period.

6. Returning to Work

- a. The Company will attempt to reinstate an employee returning from a Workers' Compensation Leave to the same position in which the employee was employed prior to the leave and/or provide reasonable accommodations for any work restrictions the employee may have upon his/her return to work.
- b. If the same position is no longer available (or if the employee is unable to perform the essential functions of the position), the Company will attempt to locate an alternative available position for which the employee is qualified. The Company will reasonably accommodate disabled employees as required by law. Employees, however, have no greater right to employment than if they had been continuously employed rather than on leave.

M. ADA Leave of Absence

Under the Americans with Disabilities Act of 1990 ("ADA") and other comparable state laws such as the Fair Employment Housing Act (FEHA - CA Only), the Company may provide an employee who has a physical or mental disability, or a record of such a disability, with a workplace modification or adjustment – an accommodation – that will enable the employee to perform the essential functions of their position. A leave of absence may be a form of reasonable accommodation under the ADA and/or FEHA. The purpose of the leave as an accommodation is to give the employee time to become able to perform the essential job functions upon return to work. Therefore, the need for leave must be related to the disability and enable the employee to perform those functions.

The length of an ADA and/or FEHA accommodation leave will be determined on a case-by-case basis. Employees needing or requesting a reasonable accommodation may be required to

submit additional information and/or fill out additional forms with the help of their health care providers.

To initiate an accommodation request under the ADA, FEHA or other comparable state laws, employees must contact Aflac, the Company's third party leave of absence administrator by calling 1-800-206-6720 or registering the accommodation request online at <https://mygrouplifedisability.aflac.com/s/>.

N. Unprotected Leaves

1. Unprotected Medical Leave of Absence for Employee

In the event a protected leave of absence is unavailable, employees may, under certain circumstances and where medically necessary, take a temporary unprotected disability leave of absence for their own medical condition.

- a. Amount of Leave: Unprotected Medical Leaves of Absence for the employee shall be granted in accordance with state/federal disability law, but generally will not exceed six (6) months, unless the leave qualifies as an ADA accommodation.
- b. Requesting Unprotected Medical Leave of Absence

Employees should notify Aflac and the Company (i.e., their manager, Human Resources and/or the Benefits Department) of their request for an Unprotected Medical Leave of Absence as soon as they are aware of the need for such leave.

If the need for the leave is foreseeable (i.e., for planned, non-emergency medical treatment), the employee must give a minimum of thirty (30) days advance notice to the Company. If an employee fails to provide the requisite thirty (30) days advance notice for foreseeable events without any reasonable excuse for the delay, the Company reserves the right to delay the taking of the leave until at least thirty (30) days after the date the employee provides notice of the need for leave.

If the need for the leave is not foreseeable, the employee must give notice as soon as practicable. Typically, this should be within two (2) business days of when the need for a medical leave becomes known to the employee.

To initiate a leave request, employees must contact Aflac, the Company's third party leave of absence administrator by calling 1-800-206-6720 or registering leave online at <https://mygrouplifedisability.aflac.com/s/>. Medical certification must be returned to Aflac as described below.

All requests for Unprotected Medical Leave of Absence should include the anticipated date(s) and duration of the leave. When reasonably possible, any request for an extension of the leave must be submitted to Aflac at least five (5) working days prior to the date on which the employee was originally scheduled to return to work and must include a revised return to work date.

Managers will not ask or inquire about the reasons for an employee's leave request.

Instead, to ensure the employee's privacy, the Benefits Department will coordinate with Aflac to make any necessary inquiries and will evaluate whether there is a medical need for the leave. The Benefits Department will ensure that all medical information provided by employees is kept in the strictest confidence.

2. Medical Certification

- 1) All requests for Unprotected Medical Leave must be supported by medical certification from a health care provider.
- 2) The certification form will be provided by Aflac.
- 3) Certification must generally be provided before the leave begins, or for unforeseeable leaves, within fifteen (15) calendar days of the Company's or Aflac's request.
- 4) Failure or refusal to provide the required medical certification may result in a denial of leave and potentially termination of employment.
- 5) Under appropriate circumstances, Aflac may request a second or third opinion from a health care provider.
- 6) Requests for extension of leave require an updated medical certification, which must be submitted to Aflac prior to the expiration of the leave.

3. Unprotected Medical Leave's Effect on Pay

An Unprotected Medical Leave is unpaid. Employees will be required to use and/or exhaust their accrued time during an Unprotected Medical Leave.

Returning to Work from An Unprotected Medical Leave

For personal leaves taken for medical reasons, and upon receipt of medical clearance, the Company will attempt to reinstate an employee to the same position in which the employee was employed prior to the leave. If the same position is no longer available (or if the employee is unable to perform the essential functions of the position), then the Company will attempt to locate an alternative position for which the employee is qualified, if available. The Company will reasonably accommodate disabled employees, as required by law.

4. Unprotected Personal Leave of Absence

Unprotected Personal Leaves, which are non-medical leaves of absence for the employee that are not protected by the FMLA or other state or federal laws, may be granted on a discretionary basis when compelling reasons exist and the leave does not create an unreasonable burden on

the Company's business. If granted, the total leave time may not exceed 26 weeks in any 3-year period.²

Requesting Unprotected Personal Leave of Absence

Employees should notify the Company (i.e., their manager, Human Resources and/or the Benefits Department) of their request for an Unprotected Personal Leave of Absence as soon as they are aware of the need for such leave.

Unprotected Personal Leave's Effect on Pay

An Unprotected Personal Leave is unpaid. Employees will be required to use and/or exhaust their accrued time during an Unprotected Personal Leave.

O. Other Leaves of Absence

Employees will be granted a leave to the extent required by law for the purpose of fulfilling certain legal and other obligations and proceedings.

Not associated with federal/state leave laws, the Company provides regular, full or part-time employees, working a schedule of 30 or more hours per week with 5 days of Bereavement Leave Pay, per incident for the loss of a family member. Eligible family members include employee's spouse/domestic partner, child/step-child, parent/legal guardian, sibling, grandparent, grandchild, or mother-, father-, sister-, brother-, son-, or daughter-in-law of an employee's domestic partner or spouse.

In the case of a sudden, unexpected loss of spouse/domestic partner or child/step-child, eligible employees may be granted up to ten (10) weeks of extended Bereavement Leave Pay.

Failure to return or contact the Company within three (3) consecutive business days after the expiration of an approved leave of absence will be deemed a voluntary resignation by the employee.

Anyone with questions about this Policy should contact the Benefits Department.

² Blizzard also provides an unpaid personal leave program for regular employees who have been employed for at least three (3) years and are in good standing. Please see your Human Resources Generalist for more information.