



US Employee

Leave of Absence Guidebook

#PositiveImpact

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Overview

Deutsche Bank (“the Company”) recognize that you may sometimes be unable to work for various reasons. Accordingly, the Company has developed extended leave and intermittent absence programs to enable eligible employees to take time off in addition to paid vacation, personal time and holidays.

The Company partners with a third-party vendor, Aflac to assist in the administration of Family and Medical Leave, short term disability claims, personal leave, military leave, parental leave, and New York Paid Family Leave. For any questions related to these programs that cannot be answered by reviewing this guidebook, or to apply for leave, please contact Aflac directly at 877-499-8603. For questions related to the other leaves outlined within this guidebook, submit an inquiry via [HR Help](#).

When returning from leave, you should contact both your manager and Aflac. Aflac will coordinate receipt of any fitness for duty or other documentation certifying your ability to return to work. If you need a reasonable accommodation upon your return to work, you should contact Aflac to discuss and begin the interactive process.

Please note, this guidebook provides a general overview of the Company’s programs, practices, rules and standards regarding time away from work. Please understand that in some cases it does not represent a complete or comprehensive review of the Company’s policies, practices, rules or standards enforced at any particular time and that further details may be set forth in other documents or summary plan descriptions.

The Company reserves the right to change, revise, amend, delete or terminate the policies, procedures and benefits described in this guidebook at any time without notice whenever the Company determines that such action is warranted for any reason, in accordance with applicable law.

Employment at the Company is at-will and nothing in this guidebook, including the provisions concerning the length of leaves of absence, in any way alters the Company’s at-will policy.

The information in this guidebook will be interpreted and applied in accordance with the federal Family and Medical Leave Act and all other applicable laws and regulations. While the programs detailed often exceed the requirements of federal, state or local laws, to the extent that these policies conflict with those laws, the laws are controlling over these policies. Further, the Company retains all available rights and defenses under applicable law, whether or not expressed in these policies.

Family and Medical Leave Act (FMLA)

Eligibility

You are eligible for FMLA Leave if you meet the eligibility requirements of the federal Family and Medical Leave Act ("FMLA").

You must have been employed for at least 12 months as of the date that the leave commences. (This includes all periods of employment in the seven years prior to the time you take leave, paid or unpaid and generally includes any time that you provided services to the Company as a contingent worker); and

You must have worked 1,250 hours during the 12-month period immediately preceding the beginning of the leave (Time not worked, whether or not paid, is not included unless otherwise required by law)

There may be a state family and medical leave law in the state in which you work. In such a case, you will also receive any additional leave benefits under the state law as long as your leave meets the state law requirements, and should refer to the appendix for your state for further details.

Reasons for FMLA Leaves

You may take an FMLA Leave for any of the following reasons:

- Your Own Serious Health Condition: when you are unable to perform one or more of the essential functions of your position due to a serious health condition.
- Serious Health Condition of a Family Member: if you are needed to care for your child, spouse, or parent with a serious health condition. This includes both physical and psychological care.
- To Bond with a New Child: for bonding with a child after birth, adoption or placement for foster care, taken within the 12-months following the birth, adoption or placement of the child. Your child does not need to be sick.
- Under the Following Circumstances Relating to A Family Member's Military Service:
 - To care for a servicemember in the Armed Forces (including a member of the National Guard or Reserves) with a serious illness or injury incurred or aggravated while on active military duty who is your spouse, parent, child, or for whom you are the next of kin.
 - To care for a veteran who is your spouse, parent, child, or for whom you are the next of kin who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes leave to care for the covered veteran, and who is undergoing medical treatment, recuperation or therapy for a serious injury or illness.
 - Because of any qualifying exigency arising out of the fact that your spouse, parent, or child is in the regular Armed Forces, Reserves or National Guard on covered active military duty (or has been notified of an impending call or order to active military duty) in a foreign country under a federal call or order.

A "spouse" means a husband or wife as defined or recognized in the state where the individual was married ("place of celebration"), and specifically includes individuals in same-sex and common law marriages. Spouse also includes a husband or wife in a marriage that was validly entered into outside of the United States if it could have been entered into in at least one state.

"Next of Kin" means the nearest blood relative, other than a spouse, parent, son or daughter.

Amount of FMLA Leave

- Non-Military and Exigency Leaves: you may take a total of 12 workweeks of FMLA Leave during a 12-month period. The 12-month period is a "rolling" 12-month period measured backward from the date you use any FMLA Leave. Using paid time off (i.e., paid sick and safe time, vacation, personal days, etc.) during the FMLA Leave does not extend the 12 weeks of leave.
- Military Caregiver Leave: if you meet the eligibility requirements, you are eligible for up to 26 weeks of leave to care for an injured servicemember or veteran during a single 12-month period measured forward from the 1st day you take leave

Intermittent/Reduced Schedule Leaves

Leave may be taken intermittently or on a reduced schedule basis if the leave is needed for:

- Your Own Serious Health Condition: when you are unable to perform one or more of the essential functions of your position due to a serious health condition;
- Serious Health Condition of a Family Member: if you are needed to care for your child, spouse, or parent with a serious health condition. This includes both physical and psychological care; or
- Military: to provide care for an injured servicemember or veteran as described above or for a qualifying exigency.

If a leave is taken to bond with a new child, the time may be taken in up to two continuous periods not to exceed a total of 12 weeks or as otherwise allowed by applicable law. Parents who are both employed by the Company will be eligible for a combined total of 12 weeks of FMLA leave in a 12-month period for the birth, adoption or foster care of their child, unless the child is born with a serious medical condition, in which case both parents are entitled to twelve weeks of medical leave.

Before a placement for adoption or foster care, an employee may take FMLA Leave for absences required for the placement to proceed, e.g., counseling sessions, court appearances and physical examinations. Appropriate documentation will be required.

Temporary Transfer

If you take FMLA Leave on an intermittent or reduced schedule basis that is foreseeable based on planned medical treatment, including during a period of recovery from a serious health condition, the Company may temporarily transfer you to a different job with equivalent pay and benefits that better accommodates the intermittent or reduced schedule leave.

Pay Status during FMLA Leaves

Time off for FMLA may run concurrently with the Company's paid leaves, such as short-term disability leave, Workers' Compensation leave, and paid Parental Leave, as applicable, unless otherwise required by state or local law. If you are not being paid through short-term disability or some other paid leave, you may use all unused paid sick and safe time (PSST), accrued vacation and personal days during the leave unless otherwise required by state or local law. However, you still must report each period of absence to Aflac.

The use of paid leave (PSST, vacation, personal, parental, etc.) does not mean that you are entitled to more than 12 weeks of FMLA in a 12 month period. Once all paid benefits and leaves have been exhausted, the remaining portion of your leave up to the 12 weeks, as provided by federal law (unless another time frame is allotted by applicable state or local law), will be unpaid. For example, if you are taking time off to care for a spouse, child, domestic partner, or parent with a serious health condition,

you have the option to use all unused PSST, accrued vacation and/or personal days, and the remainder of your leave would then be unpaid.

Conditions for Use of Paid Time off Must Be Met

In all circumstances, you must meet the criteria of the applicable paid time off program in order to be able to use that time. Please see the [Employee Handbook](#) for further details.

Benefits Eligibility under Long-Term Disability Plan

If you have an illness or injury causing you to miss work for more than 26 weeks, you may be eligible for benefits under the Long-Term Disability Insurance Plan.

Inappropriate Activity during FMLA Leaves

If you are on a leave but engage in activity inconsistent with the represented need for your leave including, but not limited to, engaging in certain recreational, educational or vocational activities, or working for another employer (including self-employment), you may be subject to discipline up to and including termination of your employment. In addition, income that you earn while on a leave can affect your eligibility for short-term disability benefits, workers' compensation benefits, or state disability benefits when available.

Notice Requirements to Request FMLA

If the need for an FMLA Leave is foreseeable, you must provide Aflac with not less than 30 days' notice before the leave is to begin or as far in advance as practicable under the circumstances. If, for example, you fail to give 30 days' notice for a foreseeable leave and there is no unusual circumstance justifying the failure to provide timely notice, the Company may delay the taking of FMLA Leave until at least 30 days after you provide the notice of the need for the leave and you may be subject to disciplinary action up to and including termination of employment.

If the need for leave is not foreseeable (e.g., because of a lack of knowledge of approximately when leave will be begin or a change in circumstances or a medical emergency), then you must report your leave-related absences to Aflac within two business days of the first day you are absent unless there are unusual or extenuating circumstances that prevent you from providing timely notice as required. Failure to report your leave-related absences to Aflac within two business days of the first day you are absent could result in your absences being treated as an unexcused absence and may result in potential disciplinary action.

Absent unusual or extenuating circumstances, you must follow these notice requirements and submit any required medical documentation unless otherwise provided by law. In addition to providing notice to Aflac for foreseeable and unforeseeable leaves, you must comply with the Company's applicable absence notification procedures.

Medical Certifications

To receive paperwork to authorize your leave request, you should contact Aflac at 877-499-8603.

FMLA Leaves of more than one calendar week for your own serious health condition or for the serious health condition of a family member and all intermittent or reduced schedule FMLA Leaves must be supported by a medical certification completed by your health care provider or the health care provider of your child, spouse, domestic partner, or parent within the timeframe specified by Aflac in accordance with applicable law.

If you are requesting a Military FMLA Leave for a qualifying exigency or to care for an injured servicemember or veteran, certification forms are also required. These certification forms must be provided to Aflac by the established deadline.

If you are applying for Short Term Disability benefits when you are unable to work, your health care provider may be required to submit other medical documentation in addition to the medical certification for FMLA purposes.

Updated Medical Certifications

Updated medical certifications, also known as recertifications, may be required at reasonable intervals in connection with an absence, but not more often than every 6 months (or as otherwise permitted by law), unless:

- You request an extension of leave;
- Circumstances described by the original certification have changed significantly (e.g., the duration of the illness, the nature of the illness, the duration or frequency of leave, complications); or
- The Company receives information that casts doubt upon the continuing validity of the certification.

Failure to Provide Initial or Updated Certifications

The failure to provide a medical certification in a timely manner may result in a delay in approving your leave, or a delay in the continuance of your leave. If a medical certification is not provided, the leave will not be an FMLA Leave, the absences may be considered unapproved and disciplinary action up to and including termination of employment may result.

Second and Third Medical Opinions

For FMLA Leaves for your own serious health condition, the Company may require a second opinion from a health care provider selected and paid for by the Company. If the second opinion differs from the opinion in the original certification, a third opinion from a health care provider jointly selected by you and the Company may be required. The Company will pay for the third opinion. The third opinion will be final and binding.

Reinstatement and Return

You are expected to return to work in a timely manner at the conclusion of your FMLA Leave. You will be reinstated to the same or an equivalent position with equivalent employment benefits, pay and other terms and conditions of employment. When returning from an FMLA Leave for your own serious health condition of more than one calendar week, you are generally not required to provide a release from your health care provider that you are able to return to work. However, if you are returning to work with restrictions, you must provide Aflac with a release from your health care provider specifying the restrictions. In addition, there may be certain circumstances when you are released to return to work with no restrictions where you are required to provide a release in order to return to work. If you are returning to work with restrictions or if you are requested to provide a release, you should provide the release to Aflac at least two business days prior to your return to work to avoid any unnecessary delay in your return.

Limitation on Reinstatement

You have no greater right to reinstatement or to other terms and conditions of employment than if you had been continuously at work.

Remember that if you stay on leave longer than permitted under the FMLA, the protections of the FMLA and this policy will no longer apply.

Failure to Report to Work at Conclusion of Leave

Upon the conclusion of an FMLA leave, employees are expected to return to work. If an employee remains absent from work without authorization pursuant to the procedures and processes described in this guidebook, it will be considered as a job abandonment that may result in termination of employment. This provision will be administered in a manner consistent with the Family and Medical Leave Act (FMLA), the Americans with Disabilities Act, and all other state and federal laws that are applicable.

Work-Related Disability

If you are on an FMLA Leave for a work-related illness or injury, you are also required to comply with the directions of the administrators of the workers' compensation program in order to receive workers' compensation benefits. Any such lawful directions control over conflicting provisions of this guidebook for purposes of receipt of workers' compensation benefits. Workers' Compensation Leave runs concurrently with FMLA Leave.

Further Information

If you have additional questions, you should contact Aflac. For a copy of the Department of Labor's Notice of Employee Rights and Responsibilities Under the Family and Medical Leave Act (WH Publication 1420), [click here](#).



Paid Sick and Safe Time

The Company recognizes that occasionally you may be unable to work due to personal or family illnesses or injuries, for reasons related to domestic violence, sexual assault, stalking or harassment, and for other legally protected reasons. To this end, the Company provides paid Sick and Safe Time ("PSST") to all employees who work in the United States, including full-time, part-time, and temporary employees, consistent with applicable law.

Granting of and Amount of Leave

If eligible, you will receive a lump sum grant of 80 hours of PSST at the time of your hire and again on January 1 of each calendar year (i.e. from January 1 to December 31).

Because the Company grants a substantial amount of PSST at the start of each calendar year and upon hire, PSST granted under this program does not carry over from year to year, unless required by applicable law.

Using PSST

You may use up to 80 hours of PSST per calendar year. Newly hired employees may use PSST from their first day of employment.

PSST can be used in half-day (i.e., 4 hour) increments of time. Any time taken in less than half-day increments does not need to be coded in Workday, or as otherwise required by applicable law.

If you have exhausted your PSST, you have the option to use accrued vacation or personal days, if available.

Reasons for Use

You may use PSST for the following reasons:

- For your own mental or physical illness, injury, or health condition; need for medical diagnosis, care or treatment of, or recovery from, a mental or physical illness, injury, or health condition; or need for preventive medical care;
- Absences related to your donation of an organ or bone marrow (see the Organ and Bone Marrow Donor Leave section of this guidebook for additional details);
- To care for a covered family member with, or recovering from a mental or physical illness, injury, or health condition; or who needs medical diagnosis, care, treatment, or preventive medical care;
- To provide personal care for a covered family member, which includes ensuring a family member's basic medical, hygiene, nutritional, or safety needs are met, and to provide emotional support to a covered family member with a serious health condition who is receiving inpatient or home care;
- To attend your routine medical appointment or a routine medical appointment for your covered family member;
- To travel to and from an appointment, a pharmacy, or other location related to the purpose for which the time was taken;
- For closure of your place of business or your child's school or place of care by order of a public official due to an epidemic or public health emergency;

- For care of you or a covered family member when it has been determined by health authorities or by a health care provider that the individual's presence in the community may jeopardize the health of others due to exposure to a communicable disease (whether or not the individual actually has contracted the disease);
- For maternity or paternity leave, although you are encouraged to first use the paid parental leave benefit the Company offers to parents of a newborn or newly adopted child; see the parental leave section of guidebook for additional details on the Company's paid parental leave benefit;
- For time you need, in connection with your child, to attend a school-related conference, meeting, function or other event requested or required by a school administrator, teacher, or other professional staff member responsible for the child's education, or to attend a meeting regarding care provided to the child in connection with the child's health conditions or disability;
- For certain absences related to a family offense matter, human trafficking, domestic violence or abuse, sexual offense or violence, sexual assault or abuse, harassment, or stalking of the employee or the employee's family member, including to (i) obtain medical or mental health attention or care, including psychological or other counseling for physical or psychological injury or disability; (ii) obtain services from a domestic violence shelter, rape crisis center, or other shelter or victim services organization or agency; (iii) obtain legal services or proceedings, including to obtain a restraining order; (iv) to meet with a district attorney's office or to meet with a civil attorney or other social service provider to obtain information and advice on, and prepare for or participate in any criminal or civil proceeding; (v) to file a complaint or domestic incident report with law enforcement; (vi) to participate in safety planning, to temporarily or permanently relocate, or to increase the safety of the employee or employee's family member; (vi) to otherwise address, maintain, improve, or restore the psychological, physical, legal, or economic health or safety of you or your family member, or to protect those who you associate or work with;
- If you work in the state of Maryland, PSST may also be used, in addition to any available bereavement leave, due to the death of your: (1) legal spouse; (2) adopted, biological, or foster child, stepchild or legal ward under the age of 18; (2) adopted, biological, or foster child, stepchild or legal ward over the age of 18, if the child was incapable of self-care due to mental or physical disability; or (3) adoptive, biological, or foster parent, a stepparent, a legal guardian, or a person who stood in place of a parent when you were a child; and
- For any other reason covered by applicable law.

Misuse of PSST may result in disciplinary action, up to and including termination.

Covered Family Member

For purposes of this program, family member includes the following:

- Child (including, regardless of age, a biological, adopted, or foster child, stepchild or legal ward, a child of a domestic partner, a child to whom you stand in loco parentis or to whom you assumed duties of parenthood, an individual to whom you stood in loco parentis when the individual was a minor, or a child for whom you have legal or physical custody or guardianship);
- Parent (including, biological, adoptive, foster, or step child; custodial or non-custodial parent, legal guardian of you or your spouse, domestic partner or civil union partner, a person who stood in loco parentis when you or your spouse, domestic partner, or civil union partner was a minor child, or a person who assumed parenthood duties when you or your spouse was a child);
- The child or parent of your spouse, domestic partner, civil union partner (including, your parent-in-law or a person with whom you were or are in a relationship of in loco parentis);
- Spouse, domestic partner, or civil union partner, regardless of gender;

- Spouse, domestic partner, or civil union partner of a parent, grandparent, child, or sibling of the employee;
- Sibling of your spouse, domestic partner, or civil union partner;
- Grandparent (including, biological, adoptive, foster, or step grandparent) of you or your spouse or domestic partner;
- Grandchild (including biological, adoptive, foster, or step grandchild) of you or your spouse or domestic partner;
- Sibling (biological, adoptive, foster, or step sibling) of you or your spouse or domestic partner;
- Any other individual related by blood or affinity whose close association with the you is the equivalent of a family relationship; or
- Any other family member covered by applicable law.

Reporting Absences

In the event of a foreseeable PSST absence (e.g., to attend a previously scheduled doctor's appointment; a scheduled hearing related to an incident of domestic violence), you must notify your manager with appropriate notice and request the time off in the Absence widget on Workday, with an Absence Type of USA Sick Leave. You must also make a reasonable effort to schedule the PSST in a manner that does not disrupt Company operations.

In the event of an unforeseeable PSST absence (e.g., sudden illness), you must notify your manager, or if your manager is not available, your department head, by phone or email as soon as practicable.

To protect the privacy of you and your family members, you need not disclose the underlying reason for a medical or dental appointment, any specific diagnosis information related to a medical condition, or details regarding the family offense matter, human trafficking, domestic violence or abuse, sexual offense or violence, sexual assault or abuse, harassment, or stalking.

Verification

After a PSST related absence of more than three consecutive workdays, or if abuse of this program is suspected, the Company may require reasonable verification (as detailed below) that your use of PSST is for an authorized purpose. This may include requiring that you provide reasonable verification to your manager or Human Resources. You may also need to open a claim with and provide verification to Aflac for Family and Medical Leave claims (for covered absences of three or more days) or for Short Term Disability Claims (when you are out of work for five consecutive workdays relating to your own personal illness or injury)). Unless otherwise required by applicable law, you must submit the required reasonable verification within the requested timeframe provided to you by your manager, Human Resources, or the Company's leave administrator, Aflac.

For absences due to an illness, injury, or health condition as described above, reasonable verification shall include documentation signed by a health care professional indicating that PSST is necessary. You may be subject to disciplinary action, up to and including termination, for failure or delay in providing required reasonable verification, unless such action is otherwise prohibited by applicable law.

For absences due to a family offense matter, human trafficking, domestic violence or abuse, sexual offense or violence, sexual assault or abuse, harassment, or stalking as described above, reasonable verification should be provided to the Human Resources Business Advisory Center (HRBusinessAdvisoryCampus.US@db.com) and shall include:

- Documentation signed by a health care professional, attorney, member of the clergy, social worker, counselor, shelter worker, or medical or other professional service provider affirming that you or your covered family member was a victim of a family offense matter, human trafficking, domestic violence or abuse, sexual offense or violence, sexual assault or abuse, harassment, or stalking;
- A police/law enforcement report indicating that you or your covered family member was a victim of a family offense matter, human trafficking, domestic violence or abuse, sexual offense or violence, sexual assault or abuse, harassment, or stalking;
- A court order or record, including a protective order, injunction against harassment, general court order, or other evidence from a court or prosecuting attorney that you or your family member appeared or is scheduled to appear in court;
- A signed statement from a representative, agent, employee, or volunteer of a victim services organization, affirming that you or your covered family member was a victim of a family offense matter, human trafficking, domestic violence or abuse, sexual offense or violence, sexual assault or abuse, harassment, or stalking;
- A signed statement from a victim or witness advocate;
- A written statement by you. Your written statement does not need to be in an affidavit format or notarized, but shall be legible if handwritten and shall reasonably make clear your identity and, if applicable, the nature of your relationship to the family member.

For absences relating to a public health emergency, reasonable verification includes a copy of the order of the public official or the determination by the health authority.

Such verification does not need to explain the nature of any illness, injury or health condition of you or your covered family member, or describe the details of any a family offense matter, human trafficking, domestic violence or abuse, sexual offense or violence, sexual assault or abuse, harassment, or stalking.

Short Term Disability and PSST

As mentioned above, if you are out of work for your own personal illness or injury, and the absence exceeds five consecutive workdays, then you must apply for short-term disability (STD) through Aflac. If STD benefits are approved, then your sick time will be credited back to your PSST balance for the dates that are approved under the STD plan. If STD benefits are denied, you may use any remaining PSST and then accrued vacation or personal days; if you exhaust all paid leave, any remaining time off will be unpaid.

Treatment of PSST Upon Termination

You will not receive payment for any accrued but unused PSST upon separation of employment, regardless of the reason for separation.

Confidentiality

The Company will not require the disclosure of details relating to you or your family member's medical condition or require the disclosure of details relating to you or your family member's status as a victim of a family offense matter, human trafficking, domestic violence or abuse, sexual offense or violence, sexual assault or abuse, harassment, or stalking as a condition of providing PSST. Health information about you or your family member, and information concerning your family member's status or perceived status as a victim of family offenses, sexual offenses, stalking or human trafficking obtained solely for the purposes of utilizing PSST pursuant to this program, will be treated as confidential and will not be disclosed except by you, with your written permission, or as required by law.

Compliance with State and Local Laws

It is the Company's intent to provide at least the required minimum amount and conditions of PSST to those employees working in jurisdictions that maintain paid sick and/or safe leave laws or ordinances. If this program provides for more than the minimum amount of PSST required under state or local laws, you will earn PSST pursuant to this program. To the extent applicable state or local law is more generous than the Company's program, the applicable law shall govern.

You should contact Human Resources with any questions about this program.

No Retaliation/Discrimination

You are protected from retaliatory action or from being subject to any adverse personnel action for exercising or attempting to exercise your rights under applicable state or local paid sick leave law or ordinance. If you believe you have been subjected to retaliatory action in violation of these laws, you should report such action immediately to your manager, Department Head or Human Resources. The Company will investigate any claims of retaliatory action and take any necessary corrective action where appropriate.



Short Term and Long Term Disability Program Overview

If you are a regular full or part-time US employee scheduled to who work 20 or more hours per week, you may be eligible to receive financial protection through the Short Term Disability program if you:

- Are unable to the material duties of their occupation for more than 5 consecutive business days due to an illness or injury
- Are under the care of a licensed physician
- Apply for STD Disability Income payments in a timely manner, and are approved by the Program Administrator, Aflac

If your claim is approved by Aflac, STD Disability Income will be paid to you in accordance with the following schedule, up to and overall maximum of 182 days which includes the initial 5 consecutive days of PSST:

100% of Eligible Base Pay	75% of Eligible Base Pay
90 Days	92 Days

STD Disability Income will be paid in the same way your regular paycheck was paid before your became disabled.

If a disability extends beyond the period that STD disability income is payable, employees may be eligible for Long Term Disability (LTD) benefits. Employees are automatically enrolled each year in an LTD plan which provide 60% wage replacement, but may elect to participate in a plan that provides for 50% wage replacement, which is provided at no cost to employees.

Please refer to the Disability Summary Plan Description (SPD) on [HR Connect](#), or contact the Company's leave administrator, Aflac, for additional information about short-term and long-term disability benefits. At all times, the SPD and Plan Documents govern the provision of short-term and long-term disability benefits.



Personal Leave

A personal leave of absence is an extended absence from work taken for personal reasons not otherwise covered by the FMLA, the Americans with Disabilities Act (ADA), any applicable state-mandated leave laws, or other leave programs detailed in this guidebook. While a personal leave is unpaid, you may be eligible to receive payments through the Company's Short Term or Long Term disability plans during your personal leave. For more information about those programs, refer to the applicable sections in this guidebook.

Initiating Personal Leaves

If you are a regular full- or part-time US employee who is scheduled to work 20 or more hours per week, you may request to be placed on an unpaid personal leave for up to eight weeks, if you:

- Need time off from work for reasons other than those covered under the FMLA, ADA, applicable state-mandated or Company paid Leave of Absence programs.
- Have exhausted all available PSST (if your leave is related to a reason PSST may be used), accrued vacation and personal days (or California PTO days, if applicable).
- Have obtained written approval from both your manager and a Human Resources Business Advisor.
- Have completed the Unpaid Personal Leave of Absence application on HR Connect and have received written approval from your manager and an HR Business Advisor.

Generally, requests for an unpaid personal leave must be made at least 30 days in advance, or in emergency situations, with as much advance notice as possible.

Additionally, at the Company's discretion, you may be placed on an unpaid personal leave while a determination is pending on your application for FMLA leave or disability benefits, during the pendency of an appeal of such a claim, if you have exhausted FMLA leave but continue to receive STD or LTD benefits, or other exceptional circumstances.

Continuation of Benefit Coverage While on Leave

Medical, dental, vision, and life insurance coverage, if applicable, will continue during a personal leave, however, you will be required to pay for your portion of these benefit premiums. If you are receiving payments through payroll during a personal leave, then your premiums will be withheld from your paycheck. If you are not receiving such payments through payroll, then you will be mailed a billing notice directing you how to pay for the cost of your coverage.

Short-term and long-term disability coverage and Accidental Death and Dismemberment coverage, if applicable, ends on the last work day prior to the start of any unpaid personal leave. Refer to the applicable Summary Plan Description for additional details.

Returning to Work After a Personal Leave of Absence

At the conclusion of any approved personal leave, you will need to contact Aflac and your manager to reflect your intention to return to work and anticipated return date. If you fail to return from a personal leave, then your departure will be considered a voluntary resignation. If you are willing and able to return to work, the Company will attempt to reinstate you, but cannot guarantee reinstatement, other than to the extent required by applicable law.

Military Service Leave

You may be eligible for Military Service Leave if you are a regular full-time or part-time employee of the Company who is a current member of the uniformed services and are called to or volunteer for Military Service.

Military Service includes service in the Army, Navy, Air Force, Marine Corps, Coast Guard (and reserves for each of these branches), Army National Guard, Air National Guard, commissioned corps of the Public Health Service and any other category of “uniformed service” as defined by the Uniformed Services Employment and Reemployment Rights Act (“USERRA”).

Pay Status during Military Service Leave

Although not required by USERRA, if you are scheduled to work 20 hours or more per week and have been employed for at least six months from your most recent hire date, the Company will provide paid military leave in accordance with the following schedule:

For orders related to:	Paid Military Leave Benefit Eligibility:
Active and inactive Military Service training activities	100% of annual Fixed Pay, up to 30 days per calendar year
	100% of Fixed Pay during initial 30 days of your leave.
Active duty and National Guard Military Service	After your initial 30 days of leave, you will be eligible to receive the difference between your Fixed Pay and any military pay for the following 12 months. To receive the differential pay, you must provide the Company’s leave administrator, Aflac, with a copy of your Military Leave and Earnings Statement so that Aflac can calculate your differential pay, if any.

Any Military Service leave that exceeds what is detailed above will be unpaid, although some benefits may continue until you return from Military Service leave.

Paid Leave for Recurrent Military Service

When you return to work from Active duty or National Guard Military Service Leave, you must work for a minimum of six months before being eligible for another period of paid leave, unless you are called to active duty involuntarily to support a domestic emergency, war or national emergency that has been declared as such by Congress.

Reinstatement Following Leave

If you are eligible for reinstatement pursuant to USERRA or other applicable laws, you will be reinstated, after completing your Military Service, in accordance with the applicable law.

Organ and Bone Marrow Donor Leave

If you have completed 90 days of employment and become an organ or bone marrow donor, you may be entitled to the following job-protected leave within a one-year period:

- Organ donation: up to 30 days of paid leave. During the first 10 days (80 hours) of leave, you will be required to use Paid Sick and Safe Time (PSST), personal days and/or accrued vacation/PTO. If such time is not used, this initial period will be unpaid; however, the following 20 days of leave will be paid. Following exhaustion of paid leave, you may take an additional 30 days of unpaid leave.
- Bone marrow donation: up to five days of leave. In order for leave to be paid, you will need to use PSST, personal days and/or accrued vacation/PTO; otherwise, your leave will be unpaid.

To apply for organ donation leave, you must contact Aflac at 877-499-8603 to apply for leave. For bone marrow donation, you must discuss your intentions for leave with your manager as soon as is practicable. At the Company's discretion and in accordance with state laws, you may be required to provide written verification that you are an organ or bone marrow donor and that there is a medical necessity for the donation.

If you are currently enrolled, your health insurance will continue to be paid by the Company to the same extent as for active employees during this leave. You will be returned to the same or equivalent position with equivalent pay, benefits and other employment terms, provided that medical documentation requirements have been met.

This time off is in addition to any Family and Medical Leave for which you may be eligible. Additional unpaid time off may be available in accordance with applicable law. As laws regarding organ and bone marrow donation related leave continue to develop, to the extent applicable state or local law is more generous than the Company's program, the applicable law shall govern.



Victim of Domestic Violence, Sexual Assault or Stalking Leave

If you need time off work for reasons related to domestic violence, sexual assault, stalking or other similar offenses, you may be eligible for up to 30 days of unpaid leave in a 12 month period, unless additional time is required by applicable law. This is in addition to any PSST you may elect to use for this purpose. The Company will also provide reasonable accommodations for reasons related to domestic violence, sexual assault, stalking or other similar offenses unless the reasonable accommodation would cause an undue hardship, in accordance with applicable law.

In addition to the leave and protections provided for under this leave, you may be entitled to additional rights and benefits under state laws where you are located, including additional time off and time off to care for or assist family members or other individuals covered by applicable law who are victims of domestic violence, sexual assault, stalking or other similar offenses. Please refer to specific state policies for further information.

All employees are eligible for a victim of domestic leave of absence or reasonable accommodation at the commencement of their employment with the Company.

Reasons for Leave

You may apply for leave under this policy to:

- Seek medical attention for, or recover from, physical or psychological injuries caused by domestic or sexual violence;
- Obtain services from a victim services organization;
- Obtain psychological or other counseling;
- Participate in safety planning, temporarily or permanently relocate, or take other actions to increase your safety from future domestic or sexual violence or ensure economic security; or
- Seek legal assistance or remedies to ensure your health and safety, including preparing for or participating in any civil or criminal legal proceeding related to or derived from domestic or sexual violence.

Use of Leave

You must provide reasonable advance notice of your intention to take time off, unless advance notice is not feasible or required by applicable law. Leave may be taken intermittently or as a block period depending on the need for leave.

This leave is not meant to be in addition to any other provided leaves (e.g. FML) and will run concurrently with any other applicable leaves provided, unless otherwise prohibited by applicable law.

Approval

The Company may require certification, in accordance with applicable law, showing that you are a victim of domestic violence, sexual assault, stalking or another similar offenses and that the leave is for a purpose enumerated in this handbook. If requested by the Company, the certification must be provided within a reasonable period of time. Unless otherwise provided by applicable law, any certification requirement will be satisfied by your sworn statement, or upon obtaining such documents, you may also be asked to provide, which include:

- Documentation from an agent, or volunteer of a victim services organization, an attorney, a member of the clergy, or a medical or other professional from whom you or a family or household member has sought assistance in addressing domestic or sexual violence and the effects of the violence;
- A police or court record; or
- Other corroborating evidence

Pay During Leave

This leave is generally unpaid. However, you may use all applicable paid time off available (e.g., PSST, accrued vacation and personal) while out on an approved leave and may also use PSST in addition to this leave, unless otherwise prohibited by applicable law. When any available paid time off is exhausted, the remainder of the leave is unpaid. Substitution of paid leave does not extend the time off.

You should also refer to the PSST section of this guidebook for any additional information regarding pay that may be available during this leave.

Benefit Continuation

Health, dental, life and other benefit program coverage you may have elected will be continued during this leave according to the terms of the applicable benefit plans and laws. If paid leave is substituted for unpaid leave, the Company will deduct the portion of the benefit plan premium as a regular payroll deduction. If the leave is unpaid, you must pay your portion of the premium during the leave. Your group health care coverage may cease if you fail to make timely payments for your share of the premiums.

Furthermore, you may be required to pay any missed premiums upon return to work. If you do not return to work, you may be required to reimburse the Company for the cost of the premiums paid by the Company for maintaining coverage during the unpaid leave, unless you cannot return to work because of the continuance, onset or recurrence of domestic or sexual violence, or other circumstances beyond your control. If that is the case, you will be required to produce written certification to confirm the circumstances beyond your control.

Reinstatement After Leave

In accordance with applicable law, you will be returned to the same or equivalent position (i.e., one with equivalent responsibilities, pay and benefits). You will have no greater rights to reinstatement or to other benefits and conditions of employment than if you had not taken leave. For example, if you would have been part of a layoff had you been actively working, you would not necessarily be entitled to reinstatement after the leave.

Reasonable Accommodation

In addition to providing a leave of absence the Company will work with you to provide reasonable accommodations for your safety while at work, unless the accommodation would cause the Company an undue hardship. Examples of reasonable accommodations may include: (1) implementation of safety measures; (2) transfer or reassignment; (3) modified schedule; (4) changed work location; (5) door locks installed; (6) assistance in documenting domestic violence, sexual assault, or stalking that occurs in the workplace; (7) new safety procedure; and/or (8) referral to a victim assistance organization.

Non-Retaliation and Confidentiality

To the extent required and allowed by applicable law, the Company will maintain the confidentiality of your request(s) for leave or accommodation. The Company prohibits discrimination or retaliation against you because of your status as a victim of domestic violence, Sexual assault, stalking, or other similar offense or based on their request for or use of leave or any other reasonable accommodation or applicable law.



Paid Parental Leave and Phase Back to Work Programs

This section addresses Company-provided leaves and/or programs available to you relating to the birth or adoption of a child.

Parental Leave

If you are a full-time or part-time US employee, you may be eligible for up to 16 weeks of Parental Leave, paid at your full rate of pay upon the birth or adoption of a child, provided that the birth or adoption took place after your date of hire.

The 16 weeks of Parental leave can be taken immediately following, or within the first 12 months of the birth or adoption placement of the child. The 16-week leave can be taken consecutively or in multiple increments (with a 2-week minimum duration) within the 12 months following the birth or placement of the child. If you intend to take Parental Leave, you should discuss your plans with your manager at least 45 days in advance and, as appropriate, work with your manager to develop the appropriate work schedule based on business needs. While the Company will attempt to accommodate the request, the needs of the business will be considered.

Parental Leave will run concurrently with all other available benefits, including but not limited to FMLA, and statutory benefits. Any combination of company-provided paid benefits will not exceed your salary. You may also be entitled to leave benefits under state or local law not outlined in this section. Please discuss potential additional leave benefits for your jurisdiction by contacting Aflac or referring to the applicable appendix for the state in which you work.

Phase Back to Work Program

If you are regularly scheduled to work 4 or more days a week, you are eligible to request a work-from-home arrangement, a reduced work or flexible schedule, or combination of these arrangements for the first eight weeks immediately following the conclusion of your leave, provided you meet the following conditions:

- You have not already been granted a Phase Back to Work period (even if less than eight weeks) for the same child or children (in cases where multiple children were born or adopted on the same day);
- You will be working at least 24 hour per week during the Phase Back to Work period; and
- You apply at least 45 days in advance, if practicable.

As part of the application process, you should meet with your manager and develop the appropriate work schedule based on business needs. The design of this program is intended to provide some flexibility in phasing back to work. For example, you could request to return to work 3 days per week (a total of at least 24 hours) for the first 4 weeks and 4 days per week for the last 4 weeks. It may also be possible for you to work from home, provided, however, that you have full-time care for your child during working hours. A work from home arrangement is not a substitution for child care and will not be approved if you do not have a full-time child care arrangement in place during working hours. While the Company will attempt to accommodate the request, the needs of the business will be considered.

Once you and your manager have agreed on a schedule, you will need to complete the Phase Back to Work Agreement form found on [HR Connect](#). The form must be signed by both you and your

immediate manager and uploaded to [HR Help](#). Once your Agreement has been received and processed, your base pay will be reduced according to the hours worked during the transition period.

If you are unable to return to your normal work schedule following the 8 weeks of Phase Back to Work, an Alternative Work Arrangement may be considered. For more information, please review the [Employee Handbook](#).

Bereavement Leave

If you are scheduled to work at least 20 hours or more per week, you are eligible for up to 5 paid days off from work in the event of the death of your spouse, child, parent, sibling, father-in-law, mother-in-law, son-in-law, daughter-in-law, grandparent, grandchild, domestic partner, parent of a domestic partner, child's domestic partner, or significant other. You may also take up to one paid day off to attend memorial services for other relatives, friends or associates.

Any additional time off for bereavement will be considered as vacation time (for California employees PTO) or unpaid time with the approval of your manager and Human Resources. To qualify for this leave, you must inform your manager of your request for time off as soon as the need becomes foreseeable.

Jury and Witness Duty

If you are called to serve on a jury or as a witness, the Company will provide you with the necessary time off to serve.

If you are a full-time or part-time employee scheduled to work 20 hours or more per week and are called to active jury or witness duty, you will receive your full salary for up to 15 business days per calendar year, and up to 20 business days per calendar year if summoned to a grand jury. If you are a part-time employee, you will be paid based on your regularly scheduled work week.

Should your participation as a juror or witness exceed these timeframes, the Company will provide you with the necessary time off to complete your service. Except as may be required by applicable state or local law, such time will be unpaid unless you choose to use available vacation or personal days.

Part-time employees scheduled to work less than 20 hours per week will not be paid for jury or witness duty leave.

You will not be discharged, threatened, intimidated, or coerced due to jury or witness duty. If you believe you have been subjected to such behavior in relation to your jury or witness duty, you should report such action immediately to your manager, department head or Human Resources.

School Leave

The Company will generally grant time off to observe or participate in your child's school activities, including parent-teacher conferences, performances, sporting events, or other school-sponsored occasions that cannot be scheduled during non-business hours.

You must use any available PSST, vacation (or PTO for California) or personal days to attend the school activity, unless prohibited by applicable law. Once any available PSST, vacation (or PTO for California) or personal days are exhausted, you may take time off unpaid. The combination of paid and unpaid time off may not exceed 40 hours per school year per child, and no more than 8 hours in one month per child. The child must be in Kindergarten to 12th grade or attending a licensed child day care facility.

You may also take this time to attend a school conference concerning the suspension or expulsion of your child, so long as you have provided reasonable notice to the Company of the school's request that you attend the conference.

If your manager has reasonable grounds to question whether the time off was taken for a legitimate school activity, your manager may, at their discretion, request written verification of your participation in the school activity.

Voting Time Off

The Company encourages you to exercise your right to vote and participate in the election process.

If you are required to work during the times your local election polls are open, and do not have sufficient time off during polling hours, you may receive up to three hours (or a longer period if required by applicable state law) off with pay for voting purposes only.

To qualify for this leave, you must inform your manager of your request for time off as soon as the need becomes foreseeable, with no less than two day's prior notice. Employees may also avail themselves of any applicable early voting opportunities.

COVID-19 Leave Addendum

Overview

In addition to Paid Sick and Safe Time, in calendar year 2021, employees affected by the COVID-19 pandemic will be provided up to 80 hours of job-protected leave at 100% base pay. As laws regarding COVID-19 related leave continue to develop, to the extent applicable state or local law is more generous than the Company's program, the applicable law shall govern.

Should you need to be out of work for reasons not described in this Addendum, or if you exhaust your COVID-19 Leave and need additional time off, you should review the other sections of this Guidebook or consult with your manager or the [Human Resources Business Advisory Campus](#) to determine if you qualify for an alternative leave program, such as PSST or Short-Term Disability (STD). For example, as described later, employees who are absent for their own illness for more than five consecutive business days still must contact Aflac at 877-499-8603 to apply for STD.

Using COVID-19 Leave

When possible and practicable, you should attempt to work remotely in lieu of utilizing COVID-19 Leave. However, the Company understands there will be times that working remotely may not be feasible due to your own personal circumstances. For that reason, you may use up to 80 hours of COVID-19 Sick Leave, if you meet the conditions outlined under the Reason for Use section of this Addendum.

Newly hired employees may use COVID-19 Leave from their first day of employment. The entire 80 hours will be provided each year, regardless of the employee's date of hire.

COVID-19 Leave can be used in half-day (i.e., 4 hour) increments of time. Any time taken in less than half-day increments does not need to be coded in Workday, or as otherwise required by applicable law.

Reasons for Use

You may use up to 80 hours of COVID-19 Leave for the following reasons:

You or your Eligible Family Member are subject to a federal, state or local quarantine or isolation orders*, or have been advised by a healthcare provider to quarantine due to COVID-19;

You or your Eligible Family Member are experiencing symptoms of COVID-19, or have been diagnosed with COVID-19;

You or your Eligible Family Member are attending COVID-19 related medical appointments;

You or your Eligible Family Member are experiencing symptoms related to a COVID-19 vaccination; or

You are caring for an Eligible Family Member whose school or childcare provider is unavailable due to COVID-19.

** COVID-19 Leave will be paid for up to a maximum of three orders of quarantine or isolation, provided that the employee's second and third absence are due to a mandatory order of isolation as the result of the employee's own positive test for COVID-19. Under this circumstance, employees will be provided additional COVID-19 leave as required by law beyond the 80 hour allotment.*

Eligible Family Member

- For employees who reside in California and Massachusetts, Eligible Family Member includes:
 - A child, which for purposes of this article means a biological, adopted, or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis. This definition of a child is applicable regardless of age or dependency status
 - A biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child
 - A spouse
 - A registered domestic partner
 - A grandparent
 - A grandchild
 - A sibling
- For employees in all other states, Eligible Family Member includes minor children and stepchildren.

Short Term Disability and COVID-19 Leave

As mentioned above, if you are out of work for your own personal illness or injury, and the absence exceeds five (5) consecutive workdays, then you must apply for Short-Term Disability (STD) through Aflac. If STD benefits are approved, then your COVID-19 Leave will be credited back to your COVID-19 Leave balance for the dates that are approved under the STD plan. If STD benefits are denied, you may use any remaining COVID-19 Leave, PSST, accrued vacation or personal time; if you exhaust all paid leave, any remaining time off will be unpaid, unless otherwise required by local, state or federal law.

Reporting Absences

In the event of a foreseeable COVID-19 Leave absence (e.g., to attend a scheduled doctor's appointment), you must notify your manager with appropriate notice. You must also make a reasonable effort to schedule the COVID-19 Leave in a manner that does not disrupt Company operations, if possible.

In the event of an unforeseeable PSST absence (e.g., sudden illness), you must notify your manager, or if your manager is not available, your department head, by phone or email as soon as practicable.

All COVID-19 Leave must be recorded in the Absence widget on Workday, with an Absence Type of COVID-19 Leave.

Verification

After a COVID-19 Leave related absence of more than three consecutive workdays, the Company may require reasonable verification (e.g., doctor's note, copy of quarantine order, etc.) that your use of COVID-19 Leave is for an authorized purpose.

Treatment of Unused COVID-19 Sick Leave

Unused COVID-19 Sick Leave will not carry over year to year. Additionally, you will not receive payment for unused COVID-19 Sick Leave upon separation of employment, regardless of the reason for separation.

No Retaliation/Discrimination

You are protected from retaliatory action or from being subject to any adverse personnel action for exercising or attempting to exercise your rights under applicable state or local paid sick leave law or ordinance. If you believe you have been subjected to retaliatory action in violation of these laws, you should report such action immediately to your manager, Department Head or the [Human Resources Business Advisory Campus](#). The Company will investigate any claims of retaliatory action and take any necessary corrective action where appropriate.

COVID-19 Vaccination Leave

In addition to the above, you are eligible for an additional eight (8) hours of time off for the purposes of obtaining a COVID-19 vaccination for yourself. Such leave will not exceed four hours per injection and does not need to code Workday Absence Calendar.

State Appendices



California Employee Appendix

California Family Rights Act (CFRA)

Summary

Similar to the federal Family and Medical Leave Act (FMLA), the California Family Rights Act (CFRA) allows eligible employees to take up to a total of 12 weeks of unpaid leave in a 12-month period. If leave is covered by both the FMLA and CFRA, then leave taken under the CFRA will run concurrently with leave taken under the FMLA.

Eligibility

You are eligible for CFRA Leave only if you meet the following eligibility requirements.

- You must have been employed for at least 12-months as of the date that the leave commences. This includes all periods of employment in the seven years prior to the time you take leave, paid or unpaid, and generally includes any time assigned to the Company as a corporate partner; and
- You must have worked 1,250 hours during the 12-month period immediately preceding the beginning of the leave. Time not worked, whether or not paid, is not included but overtime hours worked is included.

Reasons for CFRA Leaves

If you are eligible, you may take a CFRA Leave for any of the following reasons:

- To Bond with a New Child: for bonding with a child after birth, adoption or placement for foster care, taken within the 12-months following the birth, adoption or placement of the child. Your child does not need to be sick;
- Serious Health Condition of a Family Member: if you are needed to care for your child, spouse, parent or domestic partner with a serious health condition. This includes both physical and psychological care; or
- Your Own Serious Health Condition: when you are unable to perform one or more of the essential functions of your position due to your own serious health condition.

The terms "Serious Health Condition," "Family Member" and others have defined meanings which you can find on the [California Department of Fair Employment and Housing website](#).

Amount of Leave

You may take a total of 12-workweeks of CFRA Leave during a 12-month period. The 12-month period is a "rolling" 12-month period measured backward from the date you use any CFRA Leave. Using paid time off during the CFRA Leave does not extend the 12-week period.

Special Rule for Pregnancy – Additional Leave

If eligible, you are entitled to take up to 12 additional workweeks of CFRA Leave following a leave (under CA PDL) for a disability due to pregnancy, childbirth or related medical conditions, provided that the 12 additional workweeks will be reduced by the amount of any CFRA Leave previously taken for reasons other than pregnancy disability during the same 12-month period. This additional CFRA Leave is often used to take care of the new baby (baby bonding).

CFRA Leave for Domestic Partners and the FMLA

The Company provides leave to care for a domestic partner with a serious health condition in accordance with the CFRA, which includes registered domestic partners in the definition of “spouse.” However, the FMLA does not include domestic partners in the definition of spouse or otherwise provide FMLA leave for an employee to care for a domestic partner. Therefore, leave to care for a domestic partner is not considered FMLA Leave and does not count against your federal FMLA leave entitlement. In this situation, the leave counts only towards your CFRA entitlement.

Intermittent/Reduced Schedule Leaves

Leave may be taken intermittently or on a reduced schedule basis if the leave is needed for bonding with a new child, the serious health condition of a family member and for your own serious health condition.

If a leave is taken to bond with a new child, it may be taken on an intermittent basis in increments of at least two weeks; however, on two occasions in a 12-month leave year following the birth, placement or adoption, it may be taken in increments of less than two weeks. Before a placement for adoption or foster care, you may take CFRA Leave for absences required for the placement to proceed (e.g., counseling sessions, court appearances and physical examinations). Appropriate documentation will be required.

If you take CFRA Leave on an intermittent or reduced schedule basis that is foreseeable based on planned medical treatment, including during a period of recovery from a serious health condition, the Company may temporarily transfer you to a different job with equivalent pay and benefits that better accommodates the intermittent or reduced schedule leave.

Pay Status during CFRA Leaves

CFRA leave is unpaid, unless it is running concurrently with another paid leave program, such as Short Term Disability or Paid Parental Leave. In the absence of a paid leave benefit, you may elect to use any accrued paid time off that you are eligible to take during the otherwise unpaid portion of the CFRA leave. PTO time does not accrue during any full month that you are on any type of leave, unless otherwise required by state or local law.

Claim Forms

Contact Aflac to receive paperwork to authorize your leave request.

Inappropriate Activity during CFRA Leave

If you are on a leave but engage in activity inconsistent with the represented need for your leave including, but not limited to, engaging in certain recreational, educational or vocational activities, or working for another employer (including self-employment), you will be subject to discipline up to and including termination of your employment. In addition, income that you earn while on a leave can affect your eligibility for short-term disability benefits, workers' compensation benefits, or state disability benefits when available.

Notice Requirements to Request a CFRA Leave

To request a CFRA Leave you should first contact Aflac to open a leave request and receive the required paperwork to authorize your leave. Timely and accurate completion of this paperwork is helpful to determine if your leave is authorized.

If the need for a CFRA Leave is foreseeable, you should provide Aflac with not less than 30 days' notice before the leave is to begin or as far in advance as practicable under the circumstances. If, for

example, you fail to give 30 days' notice for a foreseeable leave and there is no unusual circumstance justifying the failure to provide timely notice, the Company may delay the taking of CFRA Leave until at least 30 days after you provide the notice of the need for the leave and you may be subject to disciplinary action up to and including termination of employment.

If the need for leave is not foreseeable (e.g., because of a lack of knowledge of approximately when leave will be begin or a change in circumstances or a medical emergency), then you must report your leave-related absences to Aflac within two business days of the first day you are absent unless there are unusual or extenuating circumstances that prevent you from providing timely notice as required. Failure to report your leave related absences to Aflac within two business days of the first day you are absent could result in your absences being subject to the Company's applicable attendance requirements as outlined in the [Employee Handbook](#).

Absent unusual or extenuating circumstances, you should follow these notice requirements and submit any required medical documentation unless otherwise provided by law. In addition to providing notice to Aflac for foreseeable and unforeseeable leaves, you should comply with the Company's applicable absence notification procedures.

Reinstatement and Return

Generally, upon return from an approved CFRA Leave that does not exceed the maximum available leave, you will be reinstated to the same or comparable position, subject to any applicable exceptions. However, you have no greater right to reinstatement or to other terms and conditions of employment than if you had not taken CFRA Leave. For example, if you would have been laid off or terminated if you had been actively at work, you may be laid off or terminated during a CFRA Leave. In addition, any right to reinstatement terminates if you fail to return to work at the end of an approved CFRA Leave, in accordance with applicable laws.

When returning from a CFRA Leave of more than one calendar week, you are generally not required to provide a release from your health care provider that you are able to return to work. However, if are returning to work with restrictions, you must provide Aflac with a release from your health care provider specifying the restrictions. If restrictions are specified, Aflac will work with Human Resources to determine whether or not you can perform essential job functions, with or without reasonable accommodation. In addition, there may be certain circumstances when you are released to return to work with no restrictions where you are required to provide a release that you are able to return to work. If you are returning to work with restrictions or if you are requested to provide a release, you should provide the release to Aflac at least two business days prior to your return to work to avoid any unnecessary delay in your return.

California Paid Family Leave

All California employees are covered under the State of California's paid family leave insurance program (the "PFL Benefits Program"). The California PFL Benefits Program provides up to eight weeks of partial pay in any 12 months period to an employee who is eligible under the Family Medical Leave Act, the California Family Rights Act, or any Company program, to take time off work to care for a seriously ill parent, spouse, registered domestic partner or child, grandparent, grandchild, parent-in-law, or sibling, or to take time off to bond with a newborn child or a newly placed adopted or foster child. The California PFL Benefits Program does not create any additional rights to time off of work.

The California PFL Benefits Program is funded by employee payroll deductions, according to law. PFL benefits are paid to an eligible employee by the State of California. For additional information, contact the California Employment Development Department.

California Pregnancy Disability Leave

The California Pregnancy Disability Leave Law (CA PDL) allows California employees who are disabled due to pregnancy; childbirth or related medical conditions to take up to four months of unpaid leave for the period of such disability. CA PDL will run concurrently with FMLA leave, unless you are either ineligible for FMLA leave or have exhausted all FMLA leave available. CA PDL does not need to be taken in one continuous period of time but can be taken on a reduced work schedule or intermittent basis when medically advisable. Eligibility

Eligibility

All female employees who work in the state of California, and who are disabled due to pregnancy, childbirth, or related medical conditions are eligible for CA PDL Leave.

Reasons for CA PDL Leave

You may take a CA PDL Leave when you are disabled due to pregnancy, childbirth, or a related medical condition. Time off needed for prenatal care, severe morning sickness, doctor-ordered bed rest, childbirth, and recovery from childbirth would all be covered by CA PDL Leave. For purposes of CA PDL Leave, you are considered to be disabled when you are unable to perform one or more essential functions of your job due to pregnancy, childbirth, or a related health condition.

Amount of CA PDL Leave

You may take a total of four months of CA PDL Leave per pregnancy. Multiple disability leaves for the same pregnancy will be combined for purposes of calculating the four months.

Using paid time off during the CA PDL Leave does not extend the four month period. If you meet FMLA eligibility requirements, CA PDL and FMLA time runs concurrently. After CA PDL leave ends, you may take an additional 12 weeks of unpaid leave under CFRA, if you meet CFRA eligibility requirements, to bond with your new child or for any other CFRA qualifying reason. The amount of any such available CFRA leave will be reduced by any other CFRA leave taken during the 12-month period.

Temporary Transfer and Other Reasonable Accommodations

You may be entitled to transfer to a less strenuous or hazardous position for the duration of your pregnancy upon request, where such transfer can be reasonably accommodated. However, the Company will not create a new job that otherwise would not have been created, discharge another employee, transfer another employee, or promote or transfer any employee who is not qualified to perform the new job. You may also be entitled to reasonable accommodation for conditions related to pregnancy, childbirth, or related medical conditions upon request. A request for reasonable accommodation or transfer must be supported by the written certification of your health care provider that such an accommodation or transfer is medically advisable.

Claim Forms

Contact Aflac to receive paperwork to authorize your leave request.

Inappropriate Activity during a CA PDL Leave

If you are on a leave but engage in activity inconsistent with the represented need for your leave including, but not limited to, engaging in certain recreational, educational or vocational activities, or working for another employer (including self-employment), you will be subject to discipline up to and including termination of your employment. In addition, income that you earn while on a leave for your own health serious conditions can affect your eligibility for short-term disability benefits, workers' compensation benefits, or state disability benefits when available.

Notice Requirements to Request CA PDL

To request a CA PDL Leave, you should first contact Aflac to open a leave request and receive the required paperwork to authorize your leave. Timely completion of this paperwork may be required in order for your leave to be authorized. A request for leave must be supported by a medical certification from your health care provider.

If the need for an CA PDL Leave is foreseeable, you should provide Aflac with not less than 30 days' notice before the leave is to begin or as far in advance as practicable under the circumstances. If, for example, you fail to give 30 days' notice for a foreseeable leave and there is no unusual circumstance justifying the failure to provide timely notice, the Company may delay the taking of PDL Leave until at least 30 days after you provide the notice of the need for the leave and you may be subject to disciplinary action up to and including termination of employment.

If the need for leave is not foreseeable (e.g., because of a lack of knowledge of approximately when leave will be begin or a change in circumstances or a medical emergency), then you must report your leave-related absences to Aflac within two business days of the first day you are absent unless there are unusual or extenuating circumstances that prevent you from providing timely notice as required. Failure to report your leave related absences to Aflac within two business days of the first day you are absent could result in your absences being subject to the Company's applicable attendance requirements as outlined in the [Employee Handbook](#).

Absent unusual or extenuating circumstances, you should follow these notice requirements and submit any required medical documentation unless otherwise provided by law. You should also comply with the Company's applicable absence notification procedures as outlined in the [Employee Handbook](#).

Reinstatement and Return

Generally, upon return from an approved CA PDL Leave that does not exceed the maximum available leave; you will be reinstated to the same or comparable position, subject to any applicable exceptions. However, you have no greater right to reinstatement or to other terms and conditions of employment than if you had not taken CA PDL Leave. For example, if you would have been laid off or terminated if you had been actively at work, you may be laid off or terminated during CA PDL Leave. In addition, any right to reinstatement terminates if you fail to return to work at the end of an approved CA PDL Leave, in accordance with applicable laws.

When returning from a CA PDL Leave for your own serious health condition of more than one calendar week, you are generally not required to provide a release from your health care provider that you are able to return to work. However, if are returning to work with restrictions, you must provide Human Resources with a release from your health care provider specifying the restrictions. If restrictions are specified, the Company will determine whether or not you can perform essential job functions, with or without reasonable accommodation. In addition, there may be certain circumstances where the Company requires a medical certification that you are able to return to work.

San Francisco Paid Sick Leave

Local law in San Francisco provides for hourly accrual of paid sick leave. You will accrue one hour of paid sick leave for every 30 hours worked up to a maximum of 72 hours accrued. The number of hours accrued may be rolled-over into the next calendar year but you may not accrue beyond the maximum accrual. Generally, the number of sick days offered will exceed the amount of days that an employee will accrue pursuant to the law of San Francisco. If, however, an employee would be eligible for more than 10 sick days based upon accrual roll-over and timing of use, an employee will be permitted to take those additional days.

San Francisco Paid Sick Leave may be used for the following reasons:

- The diagnosis, care or treatment of an existing health condition, or preventative care for you or your family member.
- To seek judicial assistance, medical attention for injuries, services from a domestic violence shelter, program or rape crisis center, psychological counseling, or to participate in safety planning and take other actions to increase safety from future domestic violence, sexual assault, or stalking, including temporary or permanent relocation, if you have been a victim of domestic violence, sexual assault or stalking.

Family members for the purposes of the law are defined as follows:

- You child
- Your parent, which includes parents of spouses and registered domestic partners –
- Your legal spouse or registered domestic partner
- Your grandparent(s)
- Your grandchild(ren)
- Your siblings, regardless of age or dependency status, and including biological, adopted, foster, step, legal ward and loco parentis relationships

If you do not have a spouse or registered domestic partner/civil union partner, you may designate one unrelated person in lieu of a spouse or domestic partner/civil union partner and may use sick days to care for that person. Eligible employees may designate only one unrelated person and the designation may be changed only once per rolling calendar year. Eligible employees may designate an unrelated person by calling the Deutsche Bank Benefits Center at 888-213-5500.

San Francisco Paid Parental Leave

The San Francisco Paid Parental Leave Ordinance (“SFPPLO”) requires that the Company provide partial wage replacement for up to six weeks to you during the time you are taking otherwise approved leave to bond with a new child during the first year after the birth or placement of the child, and utilizing the California Paid Family Leave (“PFL”) Benefits Program.

Integration with California PFL Benefits/Obligation to Provide or Consent to Release of PFL Benefits Information to the Company

To be eligible to receive SFPPLO Supplemental Compensation, you must be eligible to receive California Paid Family Leave (PFL) Insurance benefits (“California PFL benefits”). As a precondition of receiving SFPPLO Supplemental Compensation, you must:

- Complete the San Francisco Paid Parental Leave Form; and
- Do one of the following:
 - Provide Aflac with a copy of the Employee’s Notice of Computation of California Paid Family Leave Benefits from the State of California or other legally authorized statement; or
 - At the time of applying for the California PFL benefits, provide the State of California with written authorization to disclose your weekly PFL benefit amount, so that Aflac may request and obtain this information from the State of California. Your failure to comply with this requirement relieves the Company of its obligation to provide the employee with SFPPLO Supplemental Compensation.

Eligibility

To qualify for SFPPLP Supplemental Compensation, you must:

- Have been employed by the Company for at least 180 days before the start of the leave period;
- Perform at least eight hours of work per week within the City and County of San Francisco;
- Perform at least 40% of your weekly hours worked for the Company within the City and County of San Francisco; *and*
- Be eligible to receive California PFL benefits through the State of California for the purpose of bonding with a new child.

Amount of Benefits

SFPPLP Supplemental Compensation paid by the Company is calculated so that California PFL benefits plus SFPPLP Supplemental Compensation provide, but do not exceed, 100% of your current normal gross weekly wages, up to a maximum benefit cap. Because there is a maximum benefit cap, you will not necessarily receive 100% of your normal gross weekly wages from a combination of California PFL benefits and SFPPLP Supplemental Compensation.

The maximum benefit cap is calculated based on the gross wage that is derived from dividing the California PFL maximum weekly benefit amount by the percentage rate of wage replacement provided under the California Paid Family Leave (PFL) Insurance Program. The benefit cap changes when state law changes.

Maximum Benefit Period

California PFL benefits last a maximum of six weeks, so SFPPLP Supplemental Compensation benefits also are limited to six weeks.

Application of Paid Time Off

To be eligible to receive SFPPLP Supplemental Compensation, you must agree to allow the Company to apply up to two weeks your unused vacation that you have accrued as of the start of the leave period to help meet the Company's obligation to provide SFPPLP Supplemental Compensation during the leave period. This requirement is in addition to the requirement that you first use up to two weeks of accrued vacation before you are entitled to receive California PFL Benefits.

If, for example, you have four weeks of accrued vacation available for use, you will be required to use two weeks of this accrued vacation before you are entitled to receive California PFL Benefits. You are then eligible for up to six weeks of California PFL benefits and SFPPLP Compensation. During this six-week period, the Company will require you to use your remaining two weeks of accrued vacation. If you do not agree to the application of up to two weeks of your accrued vacation time, the Company is not required to (and will not) pay you SFPPLP Supplemental Compensation.

Time Away from Work/Reinstatement

SFPPLP Supplemental Compensation does not provide time away from work or any reinstatement rights upon and your return to work. Instead, SFPPLP Supplemental Compensation only provides wage replacement benefits when you suffer a wage loss due to taking time off work for bonding with a new minor child during the first year after the birth of the child or after placement of the child with you through foster care or adoption.

You will receive the actual time off from work under FMLA or CFRA as described earlier in this guidebook, assuming that you meet the eligibility criteria for such leave. The other terms of the leave of absence (including your reinstatement rights at the end of the leave) are governed by the applicable

leave. Please refer to the FMLA and CFRA sections of this guidebook for more information or consult with Aflac.

Termination and Re-employment

If you separate from employment prior to reaching at least 180 calendar days of employment, your prior days of employment shall count towards the SFPPLO 180 calendar day eligibility period if you return to work for the Company within one year of your most recent separation date.

If you separate from employment after reaching 180 calendar days of employment with the Company, then you will not be required to complete a new 180 calendar day eligibility period for coverage under the SFPPLO if you are rehired by the Company within one year of your most recent separation date.

If you are involuntarily terminated during the leave period, the Company will continue to provide SFPPLO Supplemental Compensation for the remainder of the leave period that you continue to receive California PFL benefits.

If you voluntarily separate from employment within 90 days after the California PFL benefit period ends, you must reimburse the Company for all SFPPLO Supplemental Compensation received from the Company, upon the Company's written request.

Further Information

For more information on filing a claim for California PFL benefits please visit EDD's website at: http://www.edd.ca.gov/Disability/SDI_Online.htm.

The SFPPLO form and poster are available at www.sfgov.org/pplo.

Illinois Employee Appendix

Illinois Child Bereavement Leave

In addition to the benefits provided for in the Bereavement Leave program, the Company will provide time off to employees in Illinois to deal with the death of a child consistent with the Illinois Child Bereavement Leave Act. If you work in Illinois, you may take up to 10 workdays of unpaid leave in a twelve month period for the following reasons:

- Attend the funeral or alternative to a funeral of your child;
- Make arrangements necessitated by the death of your child; or
- Grieve the death of your child.

The leave must be completed within 60 days after you receive notice of your child's death.

You may be entitled to up to six weeks of bereavement time if you experience the death of more than one child in a twelve month period.

For purpose of this leave, "Child" includes the biological, adopted, foster, or step child, legal ward, or child of a person standing in loco parentis. The age of the child is not relevant.

Illinois Child Bereavement Leave is available if you have met legally prescribed service and hours eligibility requirements of the Family and Medical Leave Act and have unused FMLA leave available. Unless the Illinois Child Bereavement Leave is for an FMLA-qualifying reason, it will not run concurrently with FMLA leave or count against FMLA leave entitlement.

Time off under this policy may be paid in accordance with the Company's Bereavement Leave program, or you may choose to use available PSST, vacation or personal days, if your leave extends beyond the Bereavement Leave program allowance.

Notice must be provided 48 hours in advance of taking leave, unless doing so would be unreasonable and impracticable. Reasonable written documentation must be provided in advance when possible or within three days of returning to work.

Illinois Victims' Economic Security and Safety Act

Summary

The Illinois Victims' Economic Security and Safety Act (VESSA) provides unpaid time off from work for victims and family member of victims to address any matters related to crimes of violence (e.g., domestic violence, sexual violence, and gender violence).

Reasons for VESSA Leave

You may take VESSA leave for yourself or a family member to:

- Seek medical attention or counseling for, or recovery from, physical or psychological injuries caused by domestic or sexual violence;
- Obtain victim services;
- Participate in safety planning, including temporary or permanent relocation or other actions to increase the safety of the victim from future domestic or sexual violence; or

- Seek legal assistance to ensure the health and safety of the victim, including participating in court proceedings related to the violence.

Family members for the purposes of the law includes your spouse, present or prior civil union partner, parent, grandparent, child, grandchild, sibling, person related by blood or prior or present marriage, other person who shares a relationship through a child, a person of equivalent of a family relationship, or any person residing in same household.

Amount of Leave

You may take a total of 12-workweeks of VESSA leave on a continuous or intermittent basis during a 12-month period. The 12-month period is a "rolling" 12-month period measured backward from the date you use any VESSA Leave. While VESSA leave is unpaid, you may use vacation, personal days or PSST during the VESSA Leave period. However, the use of such paid time does not extend the 12-week period.

Notice and Certification Requirements to Request a VESSA Leave

You must provide the Company with at least 48 hours' advance notice of your intention to take leave, except in such cases where it is not practicable to do so. Notice may be provided to your direct manager or by notifying Human Resources at HRBusinessAdvisoryCampus.US@db.com. If an unscheduled absence occurs, the Company will not take action against you if you, upon request of the Company and within a reasonable period after the absence provide reasonable verification, which may include:

- Documentation from a victim services organization, attorney, member of the clergy, or medical or other professional from whom you or your family or household member has sought assistance;
- A police or court record; or
- Other corroborating evidence.

Confidentiality

The Company will maintain the confidentiality of all information pertaining to the use of VESSA leave, notice of your intention to take VESSA leave, and certification provided by you.

No Retaliation

The Company's non-retaliation and non-discrimination policies apply to employees using VESSA.

Massachusetts Employee Appendix

Massachusetts Paid Family and Medical Leave

The Massachusetts Paid Family and Medical Leave (“PFML”) Act provides paid leave benefits if you are unable to work for certain reasons. The leave benefits are provided by the Commonwealth of Massachusetts and funded through employee and employer tax contributions.

You are eligible for PFML provided that you meet the financial earnings requirements established by the Massachusetts Department of Family and Medical Leave (the “Department”). To be eligible, you must have:

- Earned at least \$5,100 in the prior 12 months; and
- Have earned at least 30 times more than how much you will receive each week in PFML benefits.

Reasons and Duration of Leave

If you meet the eligibility requirements of the PFML law, you will be entitled to up to:

- 12 weeks of paid family leave in a benefit year for:
 - The birth, adoption, or foster care placement of a child;
 - To care for a family member with a serious health condition; or
 - Because of a qualifying exigency arising out of the fact that a family member is on active duty or has been notified of an impending call to active duty in the Armed Forces.
- 20 weeks of paid medical leave in a benefit year if you have a serious health condition that incapacitates you from work.
- 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member undergoing medical treatment or otherwise addressing consequences of a serious health condition relating to the family member’s military service.
- You are eligible for 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year. For example, if you use 12 weeks of paid family leave for the birth of a child, you may take an additional 14 weeks of paid medical leave for you own serious health condition in the same benefit year.

Benefit Year

The benefit year is the period of 52 consecutive weeks beginning on the Sunday immediately preceding the first day of job protected PFML leave.

Notice to Employer

Prior to filing a claim with the Department, you are required to provide at least 30 days’ notice to the Company of the anticipated start date of any leave. If you are unable to provide 30 days’ notice due to circumstances beyond your control, notice is required to provide as soon as practicable.

How to File a Claim

PFML is provided by the Commonwealth of Massachusetts. Accordingly, you must file a claim for PFML benefits with the Department using the Department’s forms. Forms and claim instructions is available to you on the Department’s website: <https://www.mass.gov/orgs/departments-of-family-and-medical-leave>.

You must make an application for benefits 30 calendar days in advance of starting leave. You may file an application with the Department up to 60 calendar days before the anticipated PFML start date. If notice cannot be provided 30 calendar days in advance, you must submit the application as soon as practicable.

You must provide all information required by the Department to receive benefit payments. The Department, not the Company, makes all decisions regarding whether you are eligible for PFML.

If you fail to provide the required notice, the Department may delay or deny PFML benefits unless unusual circumstances justify your failure to provide notice.

Benefit Amount

The weekly benefit amount you will receive is based on your earnings. The maximum benefit amount an employee may receive is \$1,084.31 per week. The Department offers an online calculator that you can use to estimate their weekly benefit amount - <https://www.mass.gov/info-details/estimate-your-available-paid-family-and-medical-leave-benefits>.

Waiting Period

No benefits will be paid during the first seven calendar days of PFML. This seven-day waiting period for paid leave benefits will count against your total period of available PFML in a benefit year. You may use accrued PSST or vacation pay or other paid leave provided by the Company during this seven-day period.

Intermittent Leave

In accordance with the conditions noted below you may take the following types of PFML on an intermittent or reduced-schedule basis:

- For medical leave due to your own serious health condition, if a health care provider deems intermittent leave is medically necessary
- For family leave to care for a family member's serious health condition or to care for a family member who is a covered service member, if a health care provider deems intermittent leave is medically necessary
- For family leave due to a qualifying exigency
- For family leave to bond with a child during the first 12 months after the child's birth, adoption or foster care placement, only if the Company and you mutually agree.

Intermittent leave may be taken in increments of four hours.

Continuation of Health Insurance

The Company will continue to provide for and contribute to employment-related health insurance benefits, if any, at the level and under the conditions coverage would have been provided to you had you continued working continuously for the duration of such leave.

Returning to Work/Job Protection

Generally, when returning from PFML you will be restored to your previous position or to an equivalent position, with the same status, pay, employment benefits, length-of-service credit, and seniority as of the date of leave.

The Company may require that you provide a certification from your health care provider before returning from leave if your leave was taken due to your own serious health condition.

Concurrent Leave

If you choose to use PSST, accrued vacation or personal days, you may not receive any PFML benefits during the time PSST, accrued vacation or personal days is used. The time period during which you use Company-provided PSST, accrued vacation or personal days will run concurrently with any PFML.

PFML will also run concurrently with leave under the federal FMLA, the Massachusetts Parental Leave Act and any other applicable Company leave, to the greatest extent allowed by applicable law.

No Retaliation

It is unlawful for the Company to discriminate or retaliate against you for exercising any right to which you are entitled under the PFML law.

Separated Employees

If you separate from the Company, but meet the eligibility requirements for PFML, you may be entitled to PFML benefits for up to 26 weeks after separation from employment, or until you have obtained other employment, whichever is sooner.

Massachusetts Pregnancy Notice

In addition to providing the benefits afforded under the FMLA, Paid Parental Leave and Phase Back to Work Programs, the Company expressly prohibits employment discrimination on the basis of pregnancy and pregnancy-related conditions, such as lactation or the need to express breast milk for a nursing child. As detailed in the [Employee Handbook](#), the Leave of Absence Guidebook and HR Connect, the Company also accommodates pregnant workers. Consistent with this, the Company:

- Will engage in a good faith interactive process related to any need for a reasonable accommodation. A “reasonable accommodation” is a modification or adjustment that allows you to perform the essential functions of your job while pregnant or experiencing a pregnancy-related condition, without undue hardship to the Company.
- Accommodates conditions related to pregnancy, including post-pregnancy conditions such as the need to express breast milk for a nursing child, unless doing so would pose an undue hardship on the Company.
- Will not require a pregnant employee to accept a particular accommodation, or to begin disability or parental leave if another reasonable accommodation would enable the employee to perform the essential functions of the job without undue hardship to the Company.
- Will not refuse to hire a pregnant job applicant or applicant with a pregnancy-related condition, because of the pregnancy or the pregnancy-related condition, if an applicant is capable of performing the essential functions of the position with a reasonable accommodation.
- Will not deny an employment opportunity or take adverse action against an employee because of the employee’s request for or use of a reasonable accommodation for a pregnancy or pregnancy-related condition.
- Will not require medical documentation about the need for an accommodation if the accommodation requested is for: (1) more frequent restroom, food or water breaks; (2) seating; (3) limits on lifting no more than 20 pounds; and (4) private, non-bathroom space for expressing breast milk. The Company, may, however, request medical documentation for other accommodations.

If you believe you have been discriminated against on the basis of pregnancy or a pregnancy-related condition, you may file a formal complaint with the MCAD. You may also have the right to file a complaint with the Equal Employment Opportunity Commission if the conduct violates the Pregnancy

Discrimination Act, which amended Title VII of the Civil Rights Act of 1964. Both agencies require the formal complaint to be filed within 300 days of the discriminatory act.

Boston Headquarters: One Ashburton Place, Room 601, Boston, MA 02108 | (617) 994-6000

Springfield: 436 Dwight Street, Room 220, Springfield, MA 01103 | (413) 739-2145

Worcester: 484 Main Street, Room 320, Worcester, MA 01608 | (508) 453-9630

New Bedford: 128 Union Street, Suite 206 New Bedford, MA 02740 | (774) 510-5801

www.mass.gov/mcad/

New Jersey Employee Appendix

New Jersey Family Leave Act Leave

If you work in the state of New Jersey, you are covered by the state's Temporary Disability Insurance system and are entitled to up to 12 weeks of benefits (up to a maximum of \$859 per week starting July 1, 2020) within a 12-month period under New Jersey's paid family leave benefits law, provided you meet the conditions outlined below. Note, New Jersey paid family leave benefits are financed through employee contributions.

New Jersey paid family leave benefits are provided if you must take time off to:

- Care for a family member (as defined below) with a serious health condition;
- Be with a child during the first 12 months after the child's birth, if either you, or your domestic partner or civil union partner, is a biological parent of the child, or is a parent of the child pursuant to a valid gestational carrier agreement;
- Be with a child during the first 12 months after the placement of the child for adoption or as a foster child; or
- For reasons covered under the New Jersey Security and Financial Empowerment ("SAFE") Act, on your own behalf, if you are a victim of an incident of domestic violence a sexually violent offense, or to assist a family member who has been a victim of an incident of domestic violence or a sexually violent offense.

Under the New Jersey Family Leave Act, "family member" includes: (1) parents; (2) parents-in-law; (3) grandparents; (4) grandchildren; (5) spouses; (6) siblings; (7) domestic partners; (8) civil union partners; (9) children; (10) any other individual related by blood to you; and (11) any other individual that you show to have a close association with which is the equivalent of a family relationship.

To qualify for leave, you must have had at least 20 calendar weeks in covered New Jersey employment, and meet the minimum earning requirements under the Temporary Disability Insurance law, to be eligible for paid family leave benefits.

The paid family leave benefits received pursuant to this law run concurrent with any unpaid leave taken under the New Jersey Family Leave Act (NJFLA) and/or the federal FMLA, where legally permissible.

Paid family leave benefits are available on an intermittent basis, up to a maximum of 56 days in a 12-month period. Please contact Aflac for further information.

In the case of paid family leave benefits taken to care for a newborn, newly adopted child, or newly placed foster child, the following conditions apply:

- Paid family leave benefits must be taken during the first 12 months after the child's birth, placement or adoption.
- Paid family leave benefits may be taken on a continuous, non-intermittent basis if you provide the Company with no less than 30 days' notice before the paid family leave begins, unless an exception under applicable law applies.
- Paid family leave benefits may be taken intermittently if you: (1) provide the Company with no less than 15 days' notice before the first day the benefits are paid, unless an emergency or unforeseen circumstances preclude such notice; (2) make a reasonable effort to schedule the leave in a way that will result in minimal disruption to operations; and (3) if possible, provide the Company with a regular schedule of the days or days of the week on which the intermittent leave will be taken.

In the case of a family member with a serious health condition, the following standards apply:

- Paid family leave benefits may be taken on a continuous, non-intermittent basis, if you: (1) provide the company with prior notice in a reasonable and practicable manner, unless an emergency or unforeseen circumstances preclude such notice; (2) make a reasonable effort to schedule the leave in a way that will result in minimal disruption to operations; and (3) satisfy applicable certification requirements.
- Paid family leave benefits may be taken intermittently if you: (1) provide the company with no less than 15 days' notice before the first day the benefits are paid, unless an emergency or unforeseen circumstances preclude such notice; (2) make a reasonable effort to schedule the leave in a way that will result in minimal disruption to operations, (3) satisfy applicable certification requirements; and (4) if possible, provides the company with a regular schedule of the days or days of the week on which the intermittent leave will be taken.
- Where paid family leave benefits are received in connection with the serious health condition of a covered family member, you must provide Aflac with a medical certification from your family member's health care provider setting forth: (i) the date, if known, on which the serious health condition commenced; (ii) the probable duration of the condition; (iii) the medical facts regarding the condition; (iv) a statement that the condition warrants the individual providing care; (v) an estimate of the amount of time the individual may need to care for the family member; (vi) if the leave is intermittent, a statement of the medical necessity for the intermittent leave and the expected duration of the intermittent leave; and (vii) if the leave is intermittent and for planned medical treatment, the dates of the treatment.
- Where paid family leave benefits are received in connection with an absence for reasons covered under the New Jersey SAFE Act (as set forth above), you may be required to provide appropriate supporting documentation. Please contact Aflac for further information.

New York Employee Appendix

New York City Earned Safe and Sick Leave

If you are a full-time or part-time employee working in New York City, you are eligible to take up to 56 hours per calendar year (January 1 - December 31) under the New York City Earned Safe and Sick leave ordinance for the following reasons:

- You (or your family member) has a mental or physical illness, injury, or health condition; you need to get a medical diagnosis, care or treatment of your mental or physical illness, injury or condition; you need to get preventive medical care.
- The Company's business closes due to a public health emergency or you need to care for a child whose school or childcare provider closed due to a public health emergency.
- You or a family member may be a victim of any act or threat of domestic violence or unwanted sexual contact, stalking or human trafficking and you need to take actions necessary to restore the physical, psychological, or economic health or safety of you or your family members or to protect those who associate or work with you, including to:
 - Obtain services from a domestic violence shelter, rape crisis center or other program.
 - Participate in safety planning, relocate, or take other actions to protect your safety or that of your family members, including enrolling children in school.
 - Meet with an attorney or social service provider to obtain information and advice related to custody; visitation; matrimonial issues; orders of protection; immigration; housing; discrimination in employment; housing or consumer credit.
 - File a domestic incident report with law enforcement or meet with a district attorney's office.

Family members for the purposes of the law are defined as follows:

- Child (biological, adopted, or foster child; legal ward; child of an employee standing in loco parentis)
- Grandchild
- Spouse or domestic partner
- Parent or grandparent
- Child or parent of an employee's spouse or domestic partner
- Sibling (including half, adopted, or step sibling)
- Any other individual related by blood to the employee
- Any individual whose close association with you is the equivalent of family

New York State Paid Family Leave Benefits

If you work in New York, you may be eligible to receive job protected leave time and benefits through the New York Paid Family Leave (NY PFL) program. This program provides wage replacement for taking bonding leave, caring for a close relative with a serious health condition, or when taking a qualifying exigency leave.

Eligibility

If you are regularly scheduled to work 20 or more hours per week, you may be eligible for NY PFL after 26 consecutive weeks of employment. If you are regularly scheduled to work less than 20 hours per week, you are eligible for NY PFL after having worked 175 days. In most instances, time worked is inclusive of PTO and other periods of leave.

Reasons for NY PFL

You may take NY PFL for any of the following reasons:

- To Bond with a New Child: for bonding with a child after birth, adoption or placement for foster care taken within the 12-months following the birth, adoption or placement of the child. NY PFL could include time before the actual placement or adoption of a child if an absence from work is required for the placement for adoption or foster care to proceed;
- Serious Health Condition of a Close Family Member: if you are needed to provide care or participate in providing care for your spouse, child, domestic partner, parent, parent-in-law, grandparent, or grandchild with a serious health condition. This includes both physical and psychological care.
- Qualified Exigency – for any qualifying exigency leave taken under the Family and Medical Leave Act; where the covered family member (defined as your spouse, domestic partner, parent or child) is on active duty or has been notified of an order to resume active duty in the military. See the [Family and Medical Leave Act](#) for more details.

The terms "serious health condition," "child," "spouse," "parent," "domestic partner" "grandparent" "grandchild" and others have defined meanings.

Amount of Leave and Pay Status during NY PFL

If approved for NY PFL, you are eligible to receive 67% of your average weekly wage (AWW), capped at 67% of the Statewide Average Weekly Wage (SAWW). Generally, your AWW is the average of your last eight weeks of wages prior to taking PFL, including bonuses and commissions. The SAWW is [updated annually](#).

NY PFL must be taken in full day or weekly increments. NY PFL may be taken in shorter increments when permitted by law, such as when PFL is running concurrently with federal FMLA and FMLA leave has been granted on an intermittent basis. NY PFL will be paid up to the maximum percentage of your average weekly wage but not more than the percentage of the state average weekly wage. There is no waiting period for NY PFL benefits.

Benefits paid under NY PFL will be paid under an insurance policy with Aflac, and as such, you will receive a payment directly from Aflac. All payments received are taxable. You will be responsible for all tax payments. Aflac will not deduct taxes from your actual payment. Because benefit payments are remitted by Aflac, you are required to continue to pay for their elected benefits during their NYPFL through the benefits billing services.

You may not collect New York State (NYS) disability payments and NY PFL at the same time. Additionally, you may not use more than a total of 26 weeks of NYS disability and NY PFL benefits in any 52-consecutive week period. You may receive NYS disability or NY PFL benefits during the post-partum period, but not both at the same time.

If your leave is related to bonding with a new child, NY PFL will run concurrently with the Company's paid Parental Leave program. The combination of Parental Leave benefits and NY PFL will not exceed your salary.

If you meet FMLA eligibility requirements, NY PFL and FMLA time runs concurrently. When NY PFL runs concurrently with FMLA, FMLA rules regarding use of PTO accruals will govern. When FMLA is not running concurrently with NY PFL, usage of sick time, personal holiday, vacation and purchased vacation to top up your NY PFL to 100% of your regular salary is permitted but not required. If you choose not to apply for NY PFL wage replacement benefits, the days you are on leave will still count against the total weeks available under the NY PFL. NY PFL leave may run concurrently with other forms of leave, as permitted by law; please consult with Aflac for additional details.

Claim Forms

Contact Aflac at 877-499-8603 to receive paperwork to authorize your leave request.

You will be required to provide documentation as indicated on the applicable PFL-1 Form, consistent with applicable law. In addition, to the extent the reason your need for NY PFL covers more than 52 consecutive weeks, you may be required to submit a new claim at the end of the 52-week period, consistent with applicable law.

Inappropriate Activity during a NY PFL

If you are on a leave but perform work at another job during the hours you are normally scheduled to work for the Company, you will be ineligible for NY PFL.

Notice Requirements to Request NY PFL

To request a NY PFL, you should to first contact Aflac to open a leave request and receive the required paperwork to authorize your leave. Timely completion of this paperwork may be required in order for your leave to be authorized. A request for leave must be supported by the appropriate certification.

If the need for a NY PFL Leave is foreseeable based on an expected birth or placement, planned medical treatment, known military exigency or otherwise, you should provide Aflac with no less than 30 days' notice before the leave is to begin or as far in advance as practicable under the circumstances. When the need for leave is foreseeable, failure to provide 30 days' notice may result in partial denial of a claim. If the need for leave is not foreseeable, if dates of the scheduled leave change or are extended, or were initially unknown, you should advise Aflac of the need for PFL as soon as is practicable.

If the need for leave is not foreseeable (e.g., because of a lack of knowledge of approximately when leave will be begin or a change in circumstances or a medical emergency), then you must report your leave-related absences to Aflac within two business days of the first day you are absent, unless there are unusual or extenuating circumstances that prevent you from providing timely notice as required. For example, if your leave begins on Tuesday, you should notify Aflac no later than end of business on Thursday. Failure to report your leave related absences to Aflac within two business days of the first day you are absent could result in your absences being subject to the Company's applicable attendance requirements, and possible further disciplinary action up to and including termination of your employment.

Absent unusual or extenuating circumstances, you should follow these notice requirements and submit any required documentation unless otherwise provided by law. In addition to providing notice to Aflac for foreseeable and unforeseeable leaves, you should comply with the Company's applicable absence notification procedures.

When planning medical treatment for your family member, you should make a reasonable effort to schedule the leave so as not unduly to disrupt Company operations, subject to the approval of your family member's health care provider. Subject to the approval of your family member's health care

provider, you should generally try to schedule appointments at the beginning or end of the workday to minimize the time away from work unless, in your position, it is more important for you to be at work at the beginning and/or end of the workday than in the middle of the day.

Health Benefits While on Leave

Your benefits will be continued for the duration of your leave under this policy.

Non-Retaliation and Reinstatement after Leave

The Company's non-retaliation and non-discrimination policies apply to employees using NY PFL. Generally, upon return from an approved NY PFL Leave that does not exceed the maximum available leave, you will be reinstated to the same or comparable position, consistent with applicable law. However, you have no greater right to reinstatement or to other terms and conditions of employment than if you had not taken NY PFL. For example, if you would have been laid off or terminated if you had been actively at work, you may be laid off or terminated during NY PFL. In addition, any right to reinstatement may terminate if you fail to return to work at the end of an approved NY PFL, in accordance with applicable laws.

Washington D.C. Employee Appendix

Washington DC Paid Family Leave

You may be eligible to receive paid leave benefits for qualifying parental, family, and medical events under the District of Columbia's Paid Family Leave ("DCPFL") law. DCPFL benefits provide partial wage replacement during a qualifying leave. DCPFL benefits will be provided to you directly from the District of Columbia through the District's Office of Paid Family Leave. All DCPFL eligibility decisions and benefit determinations will be made by the District's Office of Paid Family Leave.

You are eligible for DCPFL benefits if you experience a qualifying event and:

- You spend more than 50% of the your time working for the Company in DC; or
- Your employment for the Company is based in DC and you regularly spend a substantial amount of work time for the Company in DC, and not more than 50% of your work time for the Company in another jurisdiction.

Use of Leave

From October 1, 2021 through September 30, 2022, the DCPFL benefits are available for any of the following purposes:

Medical Leave: up to six weeks of leave in a 52-week period due to your own serious health condition;

Pre-natal Leave: up to two weeks of leave for routine and specialty appointments, exams, and treatments, including pre-natal check-ups, ultrasounds, treatment for pregnancy complications, bedrest, and pre-natal physical therapy;

Family Medical Leave: up to six weeks of leave in a 52-week period to participate in providing care or companionship for a covered family member due to the diagnosis or occurrence of the family member's serious health condition; and

Parental Leave: up to eight weeks of leave in a 52-week period within one year of the occurrence of:

- the birth of a child;
- the placement of a child with you for adoption or foster care; or
- the placement of a child with you for whom the you legally assume and discharge parental responsibility.

As used in this section of the guidebook, a "serious health condition" is a physical or mental illness, injury, or impairment that requires inpatient care in a hospital, hospice, or residential health care facility, or continuing treatment or supervision at home by a health care provider or other competent individual.

As used in this section of the guidebook, a "family member" is your:

- Biological, adopted, foster, or stepchild (including a child of a domestic partner) a legal ward, or a child to whom you stand *in loco parentis*;
- Biological, foster, or adoptive parent, a parent-in-law, a stepparent, a legal guardian, or other person who acted as your parent when you were a child;
- Domestic partner or spouse;
- Biological, adoptive, foster, or step grandparent; or
- Biological, half, step, adopted or foster sibling or sibling-in-law.

You will only be eligible for a total of eight weeks of DCPFL leave benefits in a 52-week period, regardless of the number of qualifying events. You may take this leave continuously or intermittently in increments of at least one day.

DCPFL benefits are payable following a waiting period consisting of the first seven calendar days after the occurrence of the qualifying event. Regardless of the number of qualifying events, you will only have one waiting period per benefit year. The waiting period does not count toward the number of workweeks of paid leave benefits that you may receive.

Notice of Leave

If you intend to take DCPFL, you must provide written notice to the Company before taking leave, if practicable. For foreseeable leave, an employee must provide the notice as early as possible, but at least 10 days before the employee intends to take DCPFL leave. If the need for leave is unforeseeable, you must provide either oral or written notice to the Company before the start of your work shift.

Your notice to the Company must include: (1) the type of leave requested (Parental Leave, Family Medical Leave, Personal Medical Leave); (2) the expected duration of the leave; (3) the expected start and end dates of the leave; and (4) the leave schedule, including whether the paid leave benefits sought will be used continuously or intermittently.

In the case of an emergency that prevents you from providing notice before the start of your shift for which you are using the leave, your (or someone on your behalf) must provide notice within 48 hours of the emergency, and if the notice is oral, supplement the notice with a written notice as soon as practicable.

You must also inform the Company of any application to change the leave schedule (e.g., convert a continuous leave to intermittent leave) on any open claim for DCPFL benefits.

Interaction with Other Leaves

Any leave taken pursuant to the DCPFL will run concurrently with FMLA and/or DCFMLA leave. You may also be eligible for additional unpaid leave taken under DCFMLA or FMLA following the expiration of any DCPFL leave benefits. You will not receive more than the maximum amount of leave under DCPFL, DCFMLA, or FMLA, unless otherwise required by law.

You may also choose to supplement DCPFL benefits with available paid time off, such as, but not limited to the Company's accrued vacation or personal days, or Short Disability, if eligible. If you elect to supplement DCPFL benefits in this manner, you must either: (1) instruct the DC Office of Paid Family Leave to disclose to the Company you approved benefit amount; or (2) provide the Company with a copy of the DC Office of Paid Family Leave benefit determination notification, which includes your benefit amount. The Company reserves the right to deny your request for pay under any of the Company's paid leave programs if you fail to provide this benefit amount information, unless otherwise prohibited by law. You may not use supplemental benefits to receive more than 100% of your weekly (or daily) pay while on DCPFL, unless otherwise required by law.

The requirements set forth in this section do not supersede or replace the requirements under FMLA, DCFMLA or any leave program. You must comply with all applicable requirements for each leave.

Applications and Benefit Determinations

DCPFL leave is unpaid by the Company. All applications or claims for DCPFL leave benefits shall be made directly to the DC Office of Paid Family Leave at dcpaidfamilyleave.dc.gov. All paid leave benefit

eligibility determinations, as well as the determination of benefit amounts, will also be made by the DC Office of Paid Family Leave.

The amount of the benefit is determined on a sliding scale based on your income, up to 90% of your average weekly wage and a maximum of \$1,000 for each week you are on leave. The \$1,000 weekly maximum benefit amount will be in place at least through September 30, 2021, and then subsequently adjusted by the District as appropriate. Paid Family Leave benefits are based on your wages as reported to the Department of Employment Services. If an employee believes the employee's wages were reported incorrectly, the employee has the right to provide proof of correct wages.

No Retaliation

DCPFL does not provide job protection to employees. However, employees will not face retaliation or reprisal for applying for or claiming DCPFL benefits.

Employer Contact Information

As part of any application for DCPFL benefits, an employee will be required to provide employer or supervisor contact information. Please provide "Benefits.US@db.com" as the Company's contact information in any DCPFL application to ensure that notices and requests for information from the DC Office of Paid Family Leave are timely received and processed.

Washington Employee Appendix

Washington Paid Family and Medical Leave

You may be eligible for Washington State PFML benefits after working at least 820 hours in employment during the qualifying period. Under the Washington State PFML law, the “qualifying period” means the first four of the last five completed calendar quarters. If eligibility is not established using the formula from the prior sentence, the law allows the determination to be made using the last four completed calendar quarters immediately preceding the application for leave.

Method of Funding

Effective January 1, 2022, the Washington State PFML premium is 0.6% of the gross wages paid each quarter. One-third of this amount is allocated to “family leave,” and two-thirds are allocated to “medical leave” (see below for differences between “medical leave” and “family leave”). The family leave premium is paid entirely by you. The medical leave premium is split between you and the Company with 73.22% paid by you and 26.78% paid by the Company.

Amount of Benefits

You can take up to 12 weeks of family leave and/or up to 12 weeks of medical leave per benefit year, up to a maximum annual aggregate as set forth below. The amount of available PFML benefits for medical leave increases to 16 weeks per benefit year if you experience more than one qualifying event. The maximum aggregate of all Washington State PFML may not exceed 16 weeks per benefit year (or 18 weeks if the additional two weeks of medical leave are triggered as set forth in the prior sentence).

Qualifying Events

You can receive Washington State PFML benefits for the following qualifying events:

- Medical Leave for your own serious health condition;
- Family Leave to care for a family member with a serious health condition;
- Family Leave to bond with your child during the first 12 months after birth or placement;
- Family Leave for any qualifying exigency as permitted under the federal FMLA, as they existed on October 19, 2017 for family members (as defined below).

Covered Family Members

For purposes of Washington State PFML, “family member” includes you: (1) child, including son-in-law and daughter-in-law; (2) grandchild; (3) your or your spouse’s grandparent; (4) parent, including parent-in-law; (5) sibling; (6) spouse, including a registered domestic partner; or (7) someone for whom has an expectation to rely on you for care – whether you live together or not.

Job Protection, Right to Reinstatement and Retaliation

You have a right to reinstatement under the Washington State PFML law only if you satisfy certain conditions. Specifically, upon return from leave, you receive job protection and a right to be restored to either the same position or an equivalent position with equivalent employment benefits, pay, and other terms and conditions of employment if you: (1) work for an employer with 50 or more employees; (2) have been employed by the Company for at least 12 months; and (3) have worked at least 1,250 hours for the Company during the 12 months immediately preceding the date on which leave will commence.

The Company will not interfere with, restrain, or deny the exercise of, or the attempt to exercise, any valid right provided under the PFML law, and from discharging or in any other manner discriminating against you for opposing any unlawful practice under the law.