

Policyholder: Veeva Systems Inc.

HAWAII

Policy Number: 917114 001

Temporary

Policy Effective Date: November 1, 2022

Disability

Premium Due Dates: November 1 and the first day of each following month.

Insurance

Governing Jurisdiction: HAWAII

Law

Policy Anniversary: January 1, 2023 and each following January 1.

Benefits

Unum Life Insurance Company of America
(called the Company)

Policy

In consideration of the payment of the premium by the Employer, the Company agrees to pay the disability benefit described in this policy subject to its terms and conditions. This policy provides disability benefits for eligible employees of the Employer. Employer means an employer who is listed on page 3. Eligible employee means an employee who is in a Class of Employees covered shown on page 3. Disability Benefit means the disability benefits such eligible employee is entitled to receive under Part II of the Temporary Disability Insurance Law of the State of Hawaii because of employment with the Employer. The term Temporary Disability Insurance Law includes any amendments or supplements. It also includes any applicable authorized regulations issued by the Director of the Department of Labor and Industrial Relations of the State of Hawaii which are or may become effective while this policy is in force.

This policy provides benefits only:

1. for the disability of an employee which begins while such employee is covered under this policy or;
2. for the disability of an employee whose employment with the Employer ends when such employee is covered under this policy, provided the disability begins:
 - a. while the employee is an "individual in current employment" as defined in the Temporary Disability Insurance Law; and
 - b. prior to his entering into new employment with another employer subject to the Temporary Disability Insurance Law.

This policy is subject to all of the terms and conditions on this and the following pages. All of the applicable provisions of the Temporary Disability Insurance Law are and remain a part of this policy.

The Policyholder may act for and on behalf of any and all Employers included in this policy in all matters pertaining to this policy. Every act done by, agreement made with, or notice (other than a notice of cancellation of this policy required to be given to an Employer by the other terms of this policy) given to the Policyholder will be binding on all such Employers.

This policy constitutes the entire contract between the Company and the Policyholder. This policy may be changed at any time by written agreement between the Company and the Policyholder. Only an officer or a registrar of the Company can change or waive any of the terms of this policy to make any agreement that will be binding on the Company. No change in this policy will be valid unless it is in writing.

IN WITNESS WHEREOF, the Company has caused this policy to be executed at Portland, Maine, as of its effective date.


Secretary


President

Employers included: None

Classes of Employees covered: All employees subject to the
Hawaii Disability Insurance Law

PROVISIONS REQUIRED BY TEMPORARY DISABILITY INSURANCE LAW

This policy will cover the entire liability of each Employer to its eligible employees under the Temporary Disability Insurance Law. Such employees will have the right to enforce in their own names the liability of the Company in whole or in part for the payment of the disability benefits. Such employee may file a separate claim or make the Company a party to the original claim. Any payment of such benefits by either an Employer or the Company will discharge the other from liability for the amount so paid.

Insolvency or bankruptcy of an Employer and its effects will not relieve the Company of any of its obligations under this policy.

INFORMATION REQUIRED

The policyholder will give the Company all information which the Company may reasonably require to administer the insurance under this Policy. All documents, books, and records which may have a bearing on the insurance or premiums will be open for inspection by the Company. Such documents, books and records will be open for inspection at all reasonable times while this policy is in force and within three years after the final cancellation of this policy.

CLAIM NOTICES BY POLICYHOLDER OR EMPLOYER

The Policyholder or an Employer, upon receipt of notice of disability, will give the Company or any of its authorized agents written notice of the employee's disability. Such notice must be given to the Company as soon as reasonably possible after the first day for which disability benefits may be payable. The notice will identify policy and Employer, and will contain the name and address of the employee. It will also contain reasonably obtainable information about the time, place, circumstances, and nature of the disability. The Policyholder or the Employer will give immediate notice to the Company of any disability claim made. This notice will contain full particulars of the claim.

SECTION I - PREMIUMS

A. PREMIUM RATES

The initial premium is determined on the basis of the rates shown in the Schedule of Initial monthly Premium Rates.

The Company may establish new rates for the computation of all future premiums as well as the one then due:

1. when the terms of this policy are changed;
2. when the division, a subsidiary or an affiliated company is added to this policy; or
3. for reason other than 1. and 2. above, such as, but not limited to an amendment of the Law which increased the Company's liability. But the rates may not be changed within the first 12 months following the policy effective date.

No premium may be increased unless the Company notifies the Policyholder at least 31 days in advance of the increase. Premium increases may take effect on an earlier date when both the Company and the Policyholder agree.

B. PAYMENT OF PREMIUM

1. All premiums due under this policy, including adjustments, if any, are payable by the Policyholder on or before their respective due dates at the Company's home office. The due dates are specified on the first page of this policy.
2. Premiums payable to the Company will be paid in United States dollars.
3. The premium charge for insurance cancelled during a policy month will cease at the end of the policy month in which such insurance cancels.
4. Premiums are payable on a monthly basis. Premiums for additional, increased, reduced or cancelled insurance will cause a pro rata adjustment on the next premium due date.
5. Premium adjustments, refunds, or charges will be made for only:
 - a. the current policy year; and
 - b. the prior policy year.

SECTION I - PREMIUMS (continued)

C. STATEMENTS

In the absence of fraud, all statements made in any application are considered representation and not warranties (absolute guarantees). No statement by:

1. the policyholder in applying for this policy will make it void unless the statements are contained in the application; or
2. any employee in applying for insurance under this policy will be used to reduce or deny a claim unless a copy of the application for Insurance is or has been given to:
 - a. the employee; or
 - b. the employee's beneficiary, if any.

D. SCHEDULE OF INITIAL MONTHLY PREMIUM RATES

.98 per \$10.00

ASSIGNMENT BY POLICYHOLDER

Written consent of the Company is required for any assignment or transfer of the Policyholder's interest under this policy.

CANCELLATION OF THE POLICY

The Company may cancel this policy with respect to the employees of one or more Employers at any time by sending a written notice to the Policyholder, each Employer with respect to whose employees this policy is being cancelled, and to the Director of the Department of Labor and Industrial Relations of the State of Hawaii. Such written notice must state when cancellation will be effective.

Cancellation will be effective on the earlier of:

- a. not less than 10 days after the notice was sent to the Director and to each Employer with respect to whose employees this policy is being cancelled; or
- b. the date insurance with another carrier becomes effective for such employees.

If written request for cancellation is received by the Company at least twenty days before any premium due date, such premium due date will be the date the cancellation is effective.

This policy may be cancelled:

- a. by the Company; or
- b. upon written request of the Policyholder with respect to employees of any one or more Employers;
- c. upon written request of an Employer with respect to his employees.

The Policyholder will be liable to the Company for all unpaid premiums for insurance coverage in effect before cancellation. With respect to any cancellation of this policy, premiums will be adjusted on a pro-rata basis from the last premium due date to the date of cancellation. Any refund due will be made to the Policyholder as soon as practicable.

STATUTORY ASSESSMENTS

The Company will pay any assessments levied in accordance with Part IV, Section 67 of the Temporary Disability Insurance Law with respect to covered wages of employees insured under this policy.

ADDENDUM
SCHEDULE OF INSURANCE
Temporary Disability Insurance

1. Description of Eligible Classes

All employees located in Hawaii

2. Amounts of Insurance

58% of weekly wage to a maximum benefit equal to the Statutory Plan.

3. Day Benefits Begin:

8th day injury;

8th day sickness.

4. Maximum Benefit Period

26 weeks injury;

26 weeks sickness.

5. Contributions: Your employer pays the cost of your coverage.

OUR COMMITMENT TO PRIVACY

We understand your privacy is important. We value our relationship with you and are committed to protecting the confidentiality of nonpublic personal information (NPI). This notice explains why we collect NPI, what we do with NPI and how we protect your privacy.

COLLECTING INFORMATION

We collect NPI about our customers to provide them with insurance products and services. This may include telephone number, address, date of birth, occupation, income and health history. We may receive NPI from your applications and forms, medical providers, other insurers, employers, insurance support organizations and service providers.

SHARING INFORMATION

We share the types of NPI described above primarily with people who perform insurance, business and professional services for us, such as helping us pay claims and detect fraud. We may share NPI with medical providers for insurance and treatment purposes. We may share NPI with an insurance support organization. The organization may retain the NPI and disclose it to others for whom it performs services. In certain cases, we may share NPI with group policyholders for reporting and auditing purposes. We may share NPI with parties to a proposed or final sale of insurance business or for study purposes. We may also share NPI when otherwise required or permitted by law, such as sharing with governmental or other legal authorities. When legally necessary, we ask your permission before sharing NPI about you. Our practices apply to our former, current and future customers.

Please be assured we do not share your health NPI to market any product or service. We also do not share any NPI to market non-financial products and services. For example, we do not sell your name to catalog companies.

The law allows us to share NPI as described above (except health information) with affiliates to market financial products and services. The law does not allow you to restrict these disclosures. We may also share with companies that help us market our insurance products and services, such as vendors that provide mailing services to us. We may share with other financial institutions to jointly market financial products and services. When required by law, we ask your permission before we share NPI for marketing purposes.

When other companies help us conduct business, we expect them to follow applicable privacy laws. We do not authorize them to use or share NPI except when necessary to conduct the work they are performing for us or to meet regulatory or other governmental requirements.

Unum companies, including insurers and insurance service providers, may share NPI about you with each other. The NPI might not be directly related to our transaction or experience with you. It may include financial or other personal information such as employment history. Consistent with the Fair Credit Reporting Act, we ask your permission before sharing NPI that is not directly related to our transaction or experience with you.

COVERAGE DECISIONS

If we decide not to issue coverage to you, we will provide you with the specific reason(s) for our decision. We will also tell you how to access and correct certain NPI.

ACCESS TO INFORMATION

You may request access to certain NPI we collect to provide you with insurance products and services. You must make your request in writing and send it to the address below. The letter should include your full name, address, telephone number and policy number if we have issued a policy. If you request, we will send copies of the NPI to you. If the NPI includes health information, we may provide the health information to you through a health care provider you designate. We will also send you information related to disclosures. We may charge a reasonable fee to cover our copying costs.

This section applies to NPI we collect to provide you with coverage. It does not apply to NPI we collect in anticipation of a claim or civil or criminal proceeding.

CORRECTION OF INFORMATION

If you believe the NPI we have about you is incorrect, please write us. Your letter should include your full name, address, telephone number and policy number if we have issued a policy. Your letter should also explain why you believe the NPI is inaccurate. If we agree with you, we will correct the NPI and notify you of the correction. We will also notify any person who may have received the incorrect NPI from us in the past two years if you ask us to contact that person.

If we disagree with you, we will tell you we are not going to make the correction. We will give you the reason(s) for our refusal. We will also tell you that you may submit a statement to us. Your statement should include the NPI you believe is correct. It should also include the reason(s) why you disagree with our decision not to correct the NPI in our files. We will file your statement with the disputed NPI. We will include your statement any time we disclose the disputed NPI. We will also give the statement to any person designated by you if we may have disclosed the disputed NPI to that person in the past two years.

SAFEGUARDING INFORMATION

We have physical, electronic and procedural safeguards that protect the confidentiality and security of NPI. We give access only to employees who need to know the NPI to provide insurance products or services to you.

CONTACTING US

For additional information about Unum's commitment to privacy and to view a copy of our HIPAA Privacy Notice, please visit unum.com/privacy or coloniallife.com. You may also write to: Privacy Officer, Unum, 2211 Congress Street, C467, Portland, Maine 04122.

We reserve the right to modify this notice. We will provide you with a new notice if we make material changes to our privacy practices.

Unum is providing this notice to you on behalf of the following insuring companies: Unum Life Insurance Company of America, Unum Insurance Company, First Unum Life Insurance Company, Provident Life and Accident Insurance Company, Provident Life and Casualty Insurance Company, Colonial Life and Accident Insurance Company and The Paul Revere Life Insurance Company.

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