



Paid Family and Medical Leave Insurance Policy

We welcome you as the Policyholder and are committed to providing quality service. This is a Paid Family and Medical Leave Insurance policy. This policy describes the provisions with which you, as a Policyholder, should be familiar.

Policyholder: Veeva Systems Inc.
Policy Number: 920985 001
Policy Effective Date: January 1, 2023
Policy Anniversary: January 1
Governing Jurisdiction: Massachusetts

This policy is issued to the Policyholder pursuant to the Policyholder's application and in return for the payment of full premiums when due. The first premium payment is due on or before the Policy Effective Date. All subsequent premiums are due in accordance with the rate schedule provided to the Policyholder.

The Policyholder may require Contributions toward premiums from Covered Individuals. Contributions cannot exceed the maximum portion of Contributions for Covered Individuals as described in the Massachusetts' Paid Family and Medical Leave (PFML) statutes and regulations. This maximum contribution amount is subject to an annual adjustment by the Massachusetts' Department of Family and Medical Leave (DFML) Director as specified by M.G.L. c. 175M, § 7(e).

We agree to provide Paid Family and Medical Leave insurance in accordance with the terms of the policy and the Massachusetts' Paid Family and Medical Leave statutes and regulations. If the provisions of this policy do not conform to the requirements of the Massachusetts' Paid Family and Medical Leave statutes and regulations that apply, any such provision is changed to conform with the requirements of that statute or regulation, unless the provisions in this policy are more beneficial to the Covered Individual in which case the provisions of the policy will prevail.

If there are any changes, amendments, or regulatory clarifications to the provisions of the Massachusetts' Paid Family and Medical Leave statutes or regulations, the policy and all claims practices will be reviewed annually and updated to comply with such changes, amendments or regulatory clarifications.

If this policy is cancelled, and the Policyholder does not obtain private plan coverage from another source (either its own self-insured private plan or another carrier's fully insured private plan), the Policyholder may be required to remit contributions to the Family and Employment Security Trust Fund ("Trust Fund") for its entire Massachusetts payroll retroactive to the start date of the Policyholder's approved exemption. The Policyholder may also be required to repay to the Trust Fund the cost of the total amount of benefits paid to Covered Individuals who received benefits from the Trust Fund. The Policyholder may be subject to additional interest and penalties established by the DFML for not maintaining a private plan.

This policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable, by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

Defined terms, provision titles and section headings have been capitalized.

Signed for Unum on the Policy Effective Date.



President



Secretary

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Premium Payments	<p>The Policyholder is responsible for remitting all premiums to us. Premiums must be paid in United States dollars and are due on or before their due date. If we do not receive premium payment on the premium due date, we will provide Written notice to the Policyholder informing it that Premium Payments must be made by the last day of the Grace Period, otherwise the policy will end.</p> <p>The rates and Premium Due Dates are stated in the Rate Schedule and have been agreed to by us and the Policyholder. We may use any reasonable method to calculate premium due using the rates.</p>
Grace Period	<p>The Grace Period is 60 days following a premium due date during which premium payment may be made. The Policyholder is liable for all premium due during the Grace Period. During the Grace Period this policy will remain in force unless we have received Written notice from the Policyholder to cancel this policy.</p>
Premium Adjustments	<p>Premium Adjustments resulting from changes made in insurance after a premium due date will be reflected in the premium due following the effective date of the change. Changes will be pro-rated in accordance with the billing cycle.</p> <p>Premium Adjustments will only be made for the current Policy Year and the prior Policy Year. In the event of Fraud, Premium Adjustments will be made for all Policy Years.</p>
Right to Change Rates	<p>We will not change rates before the later of the first Policy Anniversary or the end of any rate guarantee period stated in the Rate Schedule. However, if changes occur for reasons which affect the risk assumed for the insurance we are providing under this policy, we can change the rates at any time. These reasons include, but are not limited to:</p> <ul style="list-style-type: none">- a change occurs in this policy design;- a division, subsidiary, or affiliated company is added or deleted;- on any date our obligation under this policy with respect to the Policyholder is changed because of statutory or other regulatory requirements;- with respect to the Policyholder portion of Contributions, on any date factors material to underwriting the risk we assumed under the policy, including, but not limited to, number of persons insured, age, gender, and occupational classification, change by 25% or more; or- a change in federal or state laws, insurance programs or retirement benefits that would impact our liability. <p>In any event, we will provide Written notice to the Policyholder at least 45 days prior to the effective date of a rate change. A rate change may take effect on an earlier date if agreed to by us and the Policyholder.</p>

When Days Begin and End	For the purpose of all dates under this policy, all days begin at 12:01 a.m. and end at 12:00 midnight.
Policy Contents	This policy consists of all provisions of this policy and the provisions of the certificate(s), the Policyholder's application, and all related schedules, riders, amendments, and endorsements.
Covered Individual's Certificate of Coverage	<p>We will provide the Policyholder with a certificate for distribution to each Covered Individual. The certificate describes:</p> <ul style="list-style-type: none">- the coverage to which the Covered Individual may be entitled;- to whom we will make a payment; and- the limitations, exclusions, and requirements that apply to the Covered Individual's coverage. <p>If any of the provisions of the certificate are different from the provisions of this policy, the provisions of this policy will govern.</p>
Covered Individual's Notice	From time to time we may provide the Policyholder with notices that are needed due to state or federal requirements. The Policyholder must deliver copies of these notices to each Covered Individual.
Private Plan Exemptions	<p><i>To Qualify for an Exemption</i> Although a policy may begin at any time, for the Policyholder to qualify for an exemption, coverage under a private plan must begin no later than the first day of the next calendar quarter immediately following the date of approval of the private plan exemption.</p> <p><i>Proof of Private Plan Exemption</i> At least 30 days prior to the Policy Effective Date, the Policyholder must provide proof satisfactory to us of the DFML's approval of its Paid Family and Medical Leave private plan exemption.</p> <p><i>Withdrawal of Private Plan Exemption Approval</i> The DFML may withdraw its approval of the Policyholder's private plan exemption if the private plan terms are not consistent with the terms of the Massachusetts' Paid Family and Medical Leave statutes and regulations.</p> <p>The Policyholder may be required to remit contributions to the Family and Employment Security Trust Fund ("Trust Fund") for its entire Massachusetts payroll retroactively to the start date of the Policyholder's approved exemption. The Policyholder may also be required to repay to the Trust Fund the cost of the total amount of benefits paid to Covered Individuals who received benefits from the Trust Fund. The Policyholder may be subject to additional interest and penalties established by the DFML for not maintaining a private plan.</p>
Policyholder Obligations	<p><i>Job and Benefits Protection for Employees and Covered Contract Workers</i> It is the Policyholder's obligation to comply with the job and benefits protection and non-retaliation provisions of the Massachusetts' Paid Family and Medical Leave statutes and regulations with respect to a Covered Individual.</p> <p><i>Continuation of Policyholder-Related Health Insurance Benefits</i> The Policyholder must continue to pay the Policyholder's share of health insurance benefits during a period of leave at the level and under the same conditions of coverage that would have been provided if the Employee had continued working continuously for the duration of the qualified leave period.</p> <p>This does not apply to former Employees or Covered Contract Workers.</p> <p><i>Continuation of Other Employee Benefits</i> The Policyholder must ensure that an Employee who returns to work for the Policyholder after a qualified leave period retains the right to accrue vacation time, sick leave, bonuses, advancement, seniority, length-of-service credit or benefits under other</p>

Policy Provisions

employee benefit plans or programs at the same level as if the Employee had continued working continuously for the duration of the qualified leave period.

This does not apply to former Employees or Covered Contract Workers.

Records - Information to Be Furnished

The Policyholder is required to keep a record of the essential details of the private insurance coverage that applies to Covered Individuals, which may include wage or payment history if the Covered Individual's wages are used to determine the Weekly Benefit Amount. The Policyholder must keep a record of all details of the insurance coverage and this policy for a minimum of three years after cancellation of this policy. The Policyholder shall furnish these records to the DFML upon request.

Misstatement of Information

If a Covered Individual or the Policyholder provides us information that is incorrect, we will:

- review the information to decide whether the Covered Individual has coverage under this policy and in what amounts; and
- if necessary, make the applicable Premium Adjustments.

Clerical Error or Omission

If a clerical error is made by us, the Policyholder, or a Covered Individual in keeping or providing information, any premiums and benefits will be adjusted according to the correct information. An error will not prevent a Covered Individual from receiving coverage or end coverage that is validly in effect, and its correction will not reinstate coverage that was validly ended.

Policy Change Authority

Only an officer of Unum can agree to change or waive any provision of this policy. Any such change or waiver must be in Writing and endorsed on or attached to this policy. No other person, including a broker or agent, may change or waive any part of this policy. The Policyholder may cancel this policy in accordance with the policy provisions on cancellation in the event the Policyholder does not accept any change Unum makes to the policy as permitted under its terms.

Claims of Creditors

Except when prohibited by applicable Massachusetts laws, the insurance and other benefits under this policy may be exempt from execution, garnishment, attachment, or other legal or equitable process, for the debts or liabilities of the Covered Individuals or their beneficiaries.

Cancellation or Modification of Policy

Cancellation by the Policyholder	<p>The Policyholder may cancel this policy by providing us with Written notice at least 31 days prior to the cancellation date. A cancellation will take effect on the later of the last day of the calendar quarter following:</p> <ul style="list-style-type: none">- the date requested by the Policyholder; or- the date we receive the Written notice of cancellation.
Cancellation or Modification by Us	<p><i>Cancellation due to Non-Payment of Premium</i> This policy will automatically be cancelled on the last day of the Grace Period if premium has not been paid.</p> <p><i>Cancellation due to Fraud, Material Misrepresentation, or Omission</i> We reserve the right to cancel the policy retroactively and/or prospectively (as appropriate in the circumstances) if there is fraud, any material misrepresentation, or omission by the Policyholder.</p> <p><i>Cancellation due to Withdrawal of Private Plan Exemption</i> This policy will automatically be cancelled on the date the private plan exemption is no longer in effect.</p> <p><i>Cancellation or Modification for any other reason</i> We may cancel or modify this policy at any time, for any reason, after any rate guarantee period upon proper notice to the Policyholder.</p>
Notice of Cancellation or Modification to the Policyholder	<p>If the policy is cancelled or modified for any of the reasons listed above in the Cancellation or Modification by Us provision, we will provide Written notice to the Policyholder and the Department of Family and Medical Leave at least 30 days prior to any cancellation or modification date.</p>
Notice of Cancellation or Modification to Covered Individuals	<p>The Policyholder is responsible for giving Covered Individuals Written notice of the cancellation or modification as soon as reasonably possible.</p> <p>Cancellation or modification of this policy will not affect a Payable Claim.</p>
Premium Received after Cancellation	<p>Premium accepted after the date this policy is cancelled will not act to reinstate this policy. We will refund any premium paid that was in excess of what was owed.</p>



Paid Family and Medical Leave Insurance Certificate

We welcome you as a customer and are committed to providing quality service. This is your Certificate of Coverage which provides specific details on the Family and Medical Leave Benefits offered to you as a Covered Individual.

Policyholder: Veeva Systems Inc.
Policy Number: 920985 001
Policy Effective Date: January 1, 2023
Policy Anniversary: January 1
Governing Jurisdiction: Massachusetts

This certificate is issued to you under the policy which is a contract between us and the Policyholder. If there is any conflict between the provisions of this certificate and the provisions of the policy, the provisions of the policy will govern. The Policyholder will make a copy of the policy provisions available to you upon request. The policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable, the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

We agree to provide Paid Family and Medical Leave insurance in accordance with the terms of the policy and the Massachusetts' Paid Family and Medical Leave (PFML) statutes and regulations. If the provisions of this certificate do not conform to the requirements of the Massachusetts' Paid Family and Medical Leave statutes and regulations that apply, any such provision is changed to conform with the requirements of that statute or regulation, unless the provisions in this certificate are more beneficial to the Covered Individual in which case the provisions of the certificate will prevail.

If there are any changes, amendments, or regulatory clarifications to the provisions of the Massachusetts' Paid Family and Medical Leave statutes or regulations, the policy and all claims practices will be updated to comply with such changes, amendments or regulatory clarifications.

All presumptions will be made in favor of the availability of leave and the payment of leave benefits.

Defined terms, provision titles and section headings have been capitalized.

If you have any questions about the provisions of this certificate, please contact your Employer or Covered Business Entity, or you may contact us at (800) 858-8643 Monday through Friday 8 a.m. to 8 p.m. Eastern Standard Time.

If you still have questions, you may contact the Massachusetts Department of Family and Medical Leave at (617) 466-3950.

Signed for Unum on the Policy Effective Date.



President



Secretary

Medical leave benefits provide temporary wage replacement for Covered Individuals while they are on a Medical Leave due to a Qualifying Reason. This section includes highlights of the coverage under this benefit. Please refer to the Leave Details section for further information on the benefit available.

Eligibility	Any Covered Individual, defined in this certificate, is eligible for coverage.
Covered Individual's Contributions	In the event the Employer or Covered Business Entity requires Contributions from the Covered Individual to pay for their coverage, the Contributions shall be no more than the maximum allowed under the Massachusetts' Paid Family and Medical Leave (PFML) statutes and regulations.
Qualifying for a Medical Leave	<p>To qualify for a Medical Leave, the Covered Individual must have a Qualifying Reason.</p> <p>A Qualifying Reason is defined as the Covered Individual's own Serious Health Condition.</p> <p>Medical Leaves can be taken continuously, intermittently or on a Reduced Leave Schedule. All Medical Leaves must be medically necessary and are subject to certification by the Health Care Provider.</p> <p>If Medical Leave is taken on an intermittent basis or in accordance with a reduced schedule, the Employer or Covered Business Entity must notify us of the Covered Individual's approved Intermittent Leave or Reduced Leave Schedule.</p>
Benefit Waiting Period	<p>The Benefit Waiting Period is the period of time during which the Covered Individual must have continuous coverage before Medical Leave Benefits become payable.</p> <p>The Benefit Waiting Period for each requested Medical Leave is 7 consecutive calendar days, beginning on the first day of the Covered Individual's approved Medical Leave.</p> <p>For Intermittent Leave or Reduced Leave Schedules, the Benefit Waiting Period for each requested Medical Leave will also be 7 consecutive calendar days beginning on the first day of the Covered Individual's approved Medical Leave.</p> <p>No Medical Leave Benefits are payable during the Benefit Waiting Period. The Benefit Waiting Period will count toward the Maximum Leave Period available in a Benefit Year.</p>
Maximum Leave Period	<p>Subject to any leave usage defined under Massachusetts' Paid Family and Medical Leave statutes and regulations, 20 weeks per Benefit Year, inclusive of the Benefit Waiting Period.</p> <p>If the Covered Individual takes a Medical Leave on an Intermittent Leave or Reduced Leave Schedule, the Maximum Leave Period will be reduced in direct proportion with the Covered Individual's Intermittent Leave or Reduced Leave Schedule.</p> <p>A Covered Individual cannot take more than 26 weeks of any combination of leaves for a qualifying reason defined under Massachusetts' Paid Family and Medical Leave statutes and regulations, inclusive of any Benefit Waiting Periods, in the same Benefit Year.</p>

The Leave Details is made up of the following sections:

- Calculation of Benefits;
- Weekly Benefit Amount Reductions;
- Start and End of Payments;
- Additional Details.

As used in this section and the sections following, you or your means a Covered Individual.

As a reminder, in lieu of applying for a paid leave benefit under the policy, you may choose to use any other type of leave, including Accrued Paid Leave or unpaid leave approved by the Employer or Covered Business Entity, leave under a (i) temporary disability policy or program of the Employer or Covered Business Entity; or (ii) paid family, or medical leave policy of the Employer or Covered Business Entity; or (iii) an Extended Illness Leave Bank provided by the Employer or Covered Business Entity. Any other leave taken for a Qualifying Reason will run concurrently with the Maximum Leave Period provided under the policy. There will be no compensation for paid leave benefits under the policy for the period of time for which compensation is received through the use of other leaves provided by your Employer or Covered Business Entity.

Calculation of Benefits

Weekly Benefit Amount Calculation

The Weekly Benefit Amount for you is calculated as follows:

- the portion of your Average Weekly Wage that is equal to or less than 50% of the State Average Weekly Wage will be replaced at a rate of 80%; and
- the portion of your Average Weekly Wage that is more than 50% of the State Average Weekly Wage will be replaced at a rate of 50%.

The maximum Weekly Benefit Amount derived from the above calculation shall not be more than 64% of the State Average Weekly Wage. This amount may be adjusted no later than October 1st of each year and the new maximum Weekly Benefit Amount will take effect on January 1st following the adjustment.

The Weekly Benefit Amount is reduced by any applicable Other Benefits and Other Sources of Income as outlined below under the Weekly Benefit Amount Reductions section.

When you take a leave on an Intermittent Leave or Reduced Leave Schedule, your Weekly Benefit Amount will be reduced in direct proportion to your Intermittent Leave or Reduced Leave Schedule.

Weekly Benefit Amount Reductions

Other Benefits and Other Sources of Income

Your Weekly Benefit Amount will be reduced by the amount of wages or wage replacement received from the following Other Benefits and Other Sources of Income paid to you while on a leave:

- any government program or law, including unemployment benefits under M.G.L. c. 151A, or workers' compensation under M.G.L. c. 152, other than for permanent partial disability incurred prior to your leave claim;
- under other state or federal temporary or permanent disability benefits law; or
- a permanent disability policy or program of your Employer or Covered Business Entity.

Your Weekly Benefit Amount will not be reduced by the amount of wages or wage replacement received from the following Other Benefits and Other Sources of Income paid to you while on a leave, unless the total amount you would receive would exceed your Average Weekly Wage:

- a temporary disability policy or program of your Employer or Covered Business Entity; or
- a paid family or medical leave policy of your Employer or Covered Business Entity; or
- any wages received from another employer or covered business entity or through self-employment.

Leave Details

Non-Deductible Other Benefits and Other Sources of Income

Your Weekly Benefit Amount will not be reduced by amounts received from any of the following Non-Deductible Other Benefits and Other Sources of Income:

401(k), 403(b), or 457 plans	Profit Sharing Plans
Credit Disability Insurance	Retirement Plans
Individual Disability Income Plans not provided by the Employer or Covered Business Entity	Stock Ownership Plans
Individual Retirement Accounts (IRA)	Tax Sheltered Annuities
Non-Qualified Deferred Compensation Plans	Thrift Plans
Pension Plans for Partners	

Start and End of Payments

Start of Payments

You will begin to receive your Weekly Benefit Amount in accordance with the Payment of the Weekly Benefit Amount provision in the Claim Provisions section of the certificate.

Obligation to Notify Us of a Change in Circumstance

If there is a change in circumstance that would justify an extension, reduction, or other modification of an approved leave, you and your Employer or Covered Business Entity have an obligation to notify us within 7 calendar days of such change.

For further details around how to request an extension for an approved leave, please see the Claim Provisions section of this certificate.

End of Payments

Your Weekly Benefit Amount will end on the earliest of the dates shown below:

- the date you are no longer on an approved leave;
- the date you are no longer a Covered Individual;
- the date you no longer have a Qualifying Reason;
- the date you die; or
- the end of the Maximum Leave Period.

Start and End of Coverage

Coverage Eligibility Date

The date you are eligible for coverage is the later of:

- the Policy Effective Date; or
- the date you become a Covered Individual.

Coverage Effective Date

Coverage will begin on the later of:

- the Policy Effective Date, provided you are eligible for coverage; or
- your Coverage Eligibility Date.

When Coverage Ends

Your coverage under the policy ends on the earliest of:

- the date the policy is cancelled by us or your Employer or Covered Business Entity;
- the date you are no longer a Covered Individual;
- the date of your death; or
- the last day of the period for which required premium Contributions are made.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate.

Filing a Claim

Step 1 - Starting a Claim

You must provide us and your Employer or Covered Business Entity with notice of claim at least 30 calendar days prior to the anticipated start date of your Medical Leave. Notice may be provided in Writing, online at services.unum.com, or by contacting us directly. If it is not possible to provide notice within this time period, it must be provided as soon as reasonably possible.

- Notice must consist of the following:
- the anticipated start date of the leave;
 - the anticipated length of the leave;
 - the type of leave; and
 - the expected end date of the leave.

If you fail to comply with these notice requirements, your claim for Medical Leave may be delayed or denied.

You must consult with your Employer or Covered Business Entity to ensure that any leave time taken will not unduly disrupt your Employer's or Covered Business Entity's operations.

We will notify your Employer or Covered Business Entity not more than five business days after we receive notice of claim from you to facilitate the disclosure and exchange of relevant information or records regarding your claim.

Step 2 - Claim Forms

After receiving notice of a claim for a Medical Leave, we will send a claim form to you within 15 days from the date we receive the notice of a claim. Claim forms may also be available from your Employer or Covered Business Entity or from us online at services.unum.com.

When you or your authorized representative receive the claim form, you or your authorized representative and, if applicable, your Employer or Covered Business Entity must fill out your own sections of the claim form. Also, you must provide the Health Care Provider with their section of the claim form. The Health Care Provider should complete their section and send it directly to us.

If you do not receive a claim form from us within 15 days after we receive notice of claim for your Medical Leave, a Written statement from you and your Health Care Provider establishing the nature and extent of your Serious Health Condition can be used in lieu of the claim form. It must be sent to us within the time limit stated in the Proof of a Qualifying Reason section below.

Completed claim forms may be submitted online or sent to us by mail or fax:

- Mailing Address: The Benefits Center
 P.O. Box 100158
 Columbia, South Carolina 29202-3158
- Fax: (800) 447-2498
- Online: www.unum.com/claimant

Step 3 - Proof of a Qualifying Reason

Proof of a Qualifying Reason must be sent to us no later than 90 days from the date your approved Medical Leave begins, otherwise your benefit payments may be reduced as a result. If it is not reasonably possible to provide proof within this time period, it will not affect a Payable Claim if it is provided as soon as reasonably possible, and in no event later than one year, unless you lack the legal capacity to do so.

Proof, provided at your expense, must establish the nature and extent of your Serious Health Condition and should include, but not be limited to, the following:

Claim Provisions

- the date you were first incapacitated from work due to your Serious Health Condition;
- the existence and cause of your Serious Health Condition;
- appropriate documentation from your Employer or Covered Business Entity of your total wages including any Other Benefits and Other Sources of Income; and
- certification from the Health Care Provider that includes:
 - a statement that you have a Serious Health Condition and that you are incapacitated from work due to your Serious Health Condition;
 - the date your Serious Health Condition began;
 - the expected duration of the Serious Health Condition; and
 - information regarding the need for Intermittent Leave or a Reduced Leave Schedule, including a statement that the leave or schedule is medically necessary.

If proof is not complete, we will request additional information.

Authorization for Release of Information

We will require Written authorization from you on a form required by us (and sometimes by medical providers or others) to enable us to obtain and share medical and non-medical information that will allow us to properly evaluate your claim. You must provide us with such authorizations as often as we may require. Failure to provide us with such authorization may result in the delay, suspension, or denial of a claim if we are not able to obtain the proof required to make a claim decision.

Information Required from your Employer or Covered Business Entity

Your Employer or Covered Business Entity must provide to us relevant information or records regarding your claim, within ten business days upon our request. Relevant information or records may include, but not be limited to, the following:

- wage and earnings information for the twelve month period preceding the date of your application for a Medical or a Family Leave. For any period that income was not paid by your Employer or Covered Business Entity, we will assume the income was the same as paid by your Employer or Covered Business Entity unless otherwise provided with documentation from you;
- a description of your position;
- whether you work a Full- or Part-time schedule;
- your weekly hours worked;
- any prior requests and/or approvals for a Qualifying Reason;
- the amount of paid leave already taken for a Qualifying Reason during the current Benefit Year;
- a description of the Employer's or Covered Business Entity's own paid leave policies and whether you have received paid leave during the current Benefit Year under any plan or practice of the Employer or Covered Business Entity, and whether you will receive any paid leave benefits from the Employer or Covered Business Entity during the requested leave period;
- whether you have applied for concurrent FMLA or other leave and whether your Employer or Covered Business Entity has approved the application;
- whether you will be receiving any other wage replacement benefits; and
- any other relevant information or records related to the claim, including any evidence of a potentially fraudulent claim.

Claim Procedures

After you have satisfied the requirements under Filing a Claim and we have received all information or records relevant to your claim, we will process and evaluate the information to determine if a claim is payable. We will notify you and your Employer or Covered Business Entity of a claim decision within 14 days.

If your claim is approved, we will provide notice of our decision in Writing. The notice will contain the following information:

- the reason for the leave;
- the duration of the leave;
- for Intermittent Leave and Reduced Leave Schedules, the frequency and duration of the leave;
- the expiration of the leave; and
- your Weekly Benefit Amount.

Claim Provisions

Benefits will be paid in accordance with the Payment of the Weekly Benefit Amount provision.

If your claim is denied, we will provide notice of our decision in Writing. The notice will contain the following information:

- the specific reason(s) for the determination with reference to those provisions on which the decision is based;
- a description of any additional material or information necessary to complete the claim and why that material or information is necessary;
- a statement disclosing any internal rule, guidelines, protocol, or similar criteria used in making the decision (or a statement that such information will be provided free of charge upon request); and
- a statement describing your right to appeal any denial in accordance with the Claim Appeals and Legal Actions provision below.

Payment of the Weekly Benefit Amount

Your Weekly Benefit Amount will be paid directly to you or, if applicable, to your Employer or Covered Business Entity on your behalf within 14 days of our notification of approval to you and your Employer or Covered Business Entity. However, if notification of approval occurs more than 14 days before your approved leave begins, your Weekly Benefit Amount will be paid as soon as your approved leave begins.

Extension of a Leave Claim

For leaves that extend beyond the approved duration of your claim, you may request an extension. You must notify us and your Employer or Covered Business Entity of an extension request within 14 calendar days prior to the expiration of your original approved leave or as soon as reasonably possible.

An extension request should include, but not be limited to, the following:

- the reason for the extension;
- the requested duration of the extended leave;
- the date on which you provided notice of the request for extension to your Employer or Covered Business Entity, if applicable; and
- a newly completed or updated certification from the Health Care Provider that satisfies the requirements above under Proof of a Qualifying Reason.

We will notify your Employer or Covered Business Entity, if applicable, not more than five business days after we receive notice of your extension request to facilitate the disclosure and exchange of relevant information or records regarding your extension request.

Your Employer or Covered Business Entity must provide us all relevant information or records regarding your extension request within ten business days from the date of our notice to your Employer or Covered Business Entity. Relevant information or records may include, but not be limited to, the following:

- whether you will receive any paid leave benefits from your Employer or Covered Business Entity during your requested extended leave period;
- whether your Employer or Covered Business Entity has approved or intends to approve the request for extension under FMLA or any other policy allowing for paid or unpaid leave; and
- any other relevant information or records related to the request for extension, including but not limited to, evidence of a fraudulent claim.

Once we have received all information or records relevant to your extension request, we will process and evaluate the information and notify you and your Employer or Covered Business Entity of a claim decision.

The Benefit Waiting Period will not apply to an approved extension of your leave.

Any approved leave extension will be limited to any period of combined leave usage defined under Massachusetts' Paid Family and Medical Leave statutes and regulations that you remain eligible for in the Benefit Year.

Overpayment Recovery

We have the right to recover any overpayments due to:

- Fraud;
- Misstatement of Information; or
- any error we make in processing a claim.

We must be reimbursed in full. If it is not possible for you to reimburse us in a lump sum payment, we will develop a reasonable method of repayment. This may include reducing your Weekly Benefit Amount or applying any Weekly Benefit Amount toward recovery of the overpayment.

We will not recover more money than the amount we paid directly to you or, if applicable, to your Employer or Covered Business Entity on your behalf.

Claim Appeals and Legal Actions

If your claim is denied and you wish to appeal the denial, you must file an appeal with us first. As explained below, you also will have the right to appeal to the Massachusetts Department of Family and Medical Leave (DFML) if we do not approve your claim after your appeal to us.

Any request to file an appeal of a denied claim must be sent to us in Writing within 30 days from the date of Written notice of our claim decision. You have the right:

- upon request and free of charge, to reasonable access to and copies of, all relevant documents as defined by applicable U.S. Department of Labor regulations; and
- to submit Written comments, documents, records, and other information relating to the claim to us.

We may extend the filing time if you can demonstrate to us the circumstances which prevent you from filing your claim on time are beyond your control.

Once we receive your appeal request, it will be assigned to an appeals specialist. The appeals specialist is a person different from the person who made the initial determination and such person will not be the original decision maker's subordinate. In the case of a claim denied on the grounds of a medical judgment, we will consult with a health care professional with appropriate training and experience. The health care professional who is consulted on appeal will not be the individual who was consulted during the initial determination or a subordinate. If the advice of a medical or vocational expert was obtained in connection with the denial of your claim, we will provide you with the names of each such expert, regardless of whether the advice was relied upon.

We will make a full and fair review of the claim and all new information submitted, whether or not presented or available at the initial determination. No deference will be afforded to the initial determination. We will notify you of the appeal decision within 45 days from receipt of the Written request for review. If we determine additional time is needed to review the appeal request, we may extend this time period by an additional 45 days. We will notify you if an extension is needed.

If any review extension is necessary due to your failure to provide the information necessary to make a decision, we will notify you of the review extension and specifically describe what information is required. This information must be sent to us within the time specified from the date of our request. The 45 day review extension will begin on the date we receive the requested information.

If you fail to provide us with the requested information within the specified time period, we will make a decision based on the information available to us at that time.

If an appeal is denied, we will provide notice in Writing. Notice of a denied appeal will contain the following information:

- the specific reason(s) for the denial with reference to those provisions on which the denial is based; and
- a statement disclosing any internal rule, guidelines, protocol, or similar criteria used in making the decision;
- a statement that entitles you, upon request and free of charge, reasonable access to

Claim Provisions

or copies of all documents, records, or other information relevant to the appeal decision; and

- a statement describing your right to appeal any denial to the Massachusetts DFML; informing you that, if you intend to further appeal our determination, you must file your appeal with the Massachusetts DFML within 10 calendar days of receipt of notice of our appeal decision; and we will identify how to contact the Massachusetts DFML.

If you appeal our denial to the Massachusetts DFML, you must provide a complete copy of the request to us and your Employer or Covered Business Entity.

Following the Massachusetts DFML's issuance of a final decision on the appeal, if you are aggrieved by the Massachusetts DFML's decision, you may take a further appeal by filing a complaint in the district court for the county in Massachusetts where you reside or were last employed. Such court action must be commenced within 30 calendar days of the date the Massachusetts DFML's final decision is received by you.

In the event the Employee Retirement Income Security Act (ERISA) applies to your claim, you also may have a right to bring a civil action under Section 502(a) of that statute.

When Days Begin and End	For the purpose of all dates under this certificate, all days begin at 12:01 a.m. and end at 12:00 midnight.
Certificate of Coverage	<p>We will provide the Employer or Covered Business Entity with a certificate for distribution to each Covered Individual. The certificate describes:</p> <ul style="list-style-type: none">- the coverage to which a Covered Individual may be entitled;- to whom we will make a payment; and- the limitations, exclusions, and requirements that apply to a Covered Individual's coverage. <p>If the provisions of this certificate are different from the provisions of the policy, the provisions of the policy will govern.</p>
Certificate of Coverage Contents	<p>Coverage for a Covered Individual is provided under the provisions of this certificate. The provisions of this certificate are made part of the policy issued to the Policyholder.</p> <p>The policy consists of all provisions of the policy, the provisions of this certificate, the Policyholder's application, and all related schedules, riders, amendments and endorsements.</p>
Cancellation of the Policy and this Certificate of Coverage	<p>The policy and this certificate may be cancelled by your Employer or Covered Business Entity at any time without your consent. Any cancellation of the policy or certificate requested by your Employer or Covered Business Entity will take effect on the date agreed upon by us and your Employer or Covered Business Entity.</p> <p>Benefits payable during the Maximum Leave Period will not be affected by the termination of the policy, subject to all the terms and conditions of the policy that were in effect on the first day of your approved leave. Any changes to the policy that take place after the first day of your approved leave will not apply to benefits payable during the Maximum Leave Period.</p> <p>In addition, no benefits for a Payable Claim shall continue beyond the end of the Covered Individual's Benefit Year under the policy after the cancellation of the policy or coverage.</p>
Misstatement of Information	<p>If you or your Employer or Covered Business Entity provides us information that is incorrect, we will:</p> <ul style="list-style-type: none">- review the correct information to decide whether coverage is effective under the policy and in what amounts; and- if necessary, make the applicable premium adjustments.
Fraud	<p>We want to protect you and your Employer or Covered Business Entity from incurring additional insurance costs due to the undermining effects of insurance fraud. We promise to focus on all means necessary to support fraud detection, investigation, and prosecution.</p> <p>It is a crime to knowingly defraud or deceive us to receive an insurance benefit. This includes filing a false claim or otherwise providing false, or intentionally incomplete or misleading information in support of a claim or to obtain coverage.</p> <p>These actions will result in denial of a claim, and are subject to prosecution and punishment to the full extent under state and federal law. We will pursue all appropriate legal and equitable remedies in the event of insurance fraud.</p>
Agency	For purposes of the policy, your Employer or Covered Business Entity acts on its own behalf or as your agent. Under no circumstances will your Employer or Covered Business Entity be deemed our agent.
Workers' Compensation	Benefits provided by the policy are not in place of and do not affect requirements for coverage by Workers' Compensation.

General Provisions

Communicating with you or your Employer or Covered Business Entity

We may provide notices, information, and other communications to you or your Employer or Covered Business Entity in Written form. To protect our customers, we will abide by all applicable privacy laws and regulations.

Job and Employee or Covered Contract Worker Benefits Protection

It is the Employer's or Covered Business Entity's obligation to comply with the job and benefits-protection and non-retaliation provisions of the Massachusetts' Paid Family and Medical Leave statutes and regulations with respect to you. Nothing in the policy shall be construed to create or imply that we have any such duty or obligation.

Claims of Creditors

Except when prohibited by applicable laws, the insurance and other benefits under the policy may be exempt from execution, garnishment, attachment, or other legal or equitable process, for the debts or liabilities of you or your beneficiaries.

Accrued Paid Leave	Leave earned by or otherwise provided to a Covered Individual pursuant to a benefit plan or policy offered by the Employer or Covered Business Entity including, but not limited to, sick leave, annual leave, vacation leave, personal leave, compensatory leave or paid time off. Accrued Paid Leave shall not include a (i) disability policy or program of the Employer or Covered Business Entity; or (ii) paid family, or medical leave policy of the Employer or Covered Business Entity.
Active Duty	Full-time duty in the active military service of the United States or full-time National Guard duty. Such full-time duty must be in deployment to a foreign country.
Adoption	Legally and permanently assuming the responsibility of raising a Child as one's own. The source of an adopted Child (i.e., whether from a licensed placement agency or otherwise) is not a factor in determining eligibility for leave.
Average Weekly Wage	An amount equal to one twenty-sixth of the total wages reported for a Covered Individual in the two highest quarters of their Base Period. If wages reported include not more than two quarters in said Base Period, a Covered Individual's weekly wage shall be deemed to be one thirteenth of the total reported for the highest quarter. If such weekly wage includes a fractional part of a dollar it shall be raised to the next highest dollar. If a Covered Individual has multiple employers, only the Wages from the Employer or Covered Business Entity to which this policy is issued, will be used to calculate the Average Weekly Wage. In the case of a Self-Employed Individual, Average Weekly Wage shall mean one twenty-sixth of the total earnings of the Self-Employed Individual from the two highest quarters of the twelve months preceding such individual's application for leave benefits.
Base Period	The last four completed calendar quarters within the previous five calendar quarters immediately preceding the date you provide notice of claim. A completed calendar quarter is one for which an employment and wage detail report has been or should have been filed for employers or covered business entity who have not received an exemption from contributions to the Trust Fund.
Benefit Year	The period of 52 consecutive weeks beginning on the Sunday immediately preceding the first day that a Covered Individual's approved leave begins.
Child	A biological, adopted or foster child, a stepchild or legal ward, a child to whom the Covered Individual stands in <i>loco parentis</i> , or a person to whom the Covered Individual stood in <i>loco parentis</i> when the person was a minor child.
Continuing Treatment by a Health Care Provider	Includes one or more of the following: <ul style="list-style-type: none"> a) <u>Incapacity and Treatment</u>. A period of Incapacity of more than three consecutive, full calendar days, and any subsequent treatment or period of Incapacity relating to the same condition, that also involves: <ul style="list-style-type: none"> - treatment two or more times, within 30 calendar days of the first day of Incapacity, unless extenuating circumstances exist, by a Health Care Provider, by a nurse under direct supervision of a Health Care Provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a Health Care Provider; or - treatment by a Health Care Provider on at least one occasion, which results in a regimen of continuing treatment under the supervision of the Health Care Provider. Treatment includes examination to determine if there is a Serious Health Condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations. A regimen of continuing treatment includes a course of prescription medication or therapy requiring specialized equipment to resolve or alleviate the health condition. - an in-person or telehealth visit to a Health Care Provider. The first (or only) in-person or telehealth visit must take place within seven days of the first day of Incapacity.

- additional treatment visits or a regimen of continuing treatment that is necessary within the 30 calendar day period as determined by the Health Care Provider.
- b) Pregnancy or Prenatal Care. Any period of Incapacity due to pregnancy, or for prenatal care.
- c) Chronic Conditions. Any period of Incapacity or treatment for such Incapacity due to a chronic Serious Health Condition. A chronic Serious Health Condition is one which:
 - requires periodic visits (defined as at least twice per calendar year) for treatment by a Health Care Provider, or by a nurse under direct supervision of a Health Care Provider;
 - continues over an extended period of time (including recurring episodes of a single underlying condition); and
 - may cause episodic rather than a continuing period of Incapacity (e.g., asthma, diabetes, epilepsy, etc.).
- d) Permanent or Long-term Conditions. A period of Incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The Covered Individual or the Covered Individual's Family Member must be under the continuing supervision of, but need not be receiving active treatment by, a Health Care Provider. Examples of Permanent or Long-term Conditions include Alzheimer's, a severe stroke, or the terminal stages of a disease.
- e) Conditions Requiring Multiple Treatments. Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a Health Care Provider or by a provider of health care services under orders of, or on referral by, a Health Care Provider, for:
 - restorative surgery after an accident or other injury; or
 - a condition that would likely result in a period of Incapacity of more than three consecutive, full calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).

For purposes of this definition:

- extenuating circumstances are circumstances beyond your control that prevent the follow-up visit from occurring as planned by the Health Care Provider. Whether a given set of circumstances are extenuating depends on the facts. For example, extenuating circumstances exist if a Health Care Provider determines that a second in-person visit is needed within the 30 calendar day period, but the Health Care Provider does not have any available appointments during that time period;
- absences attributable to Incapacity under Pregnancy or Prenatal Care and Chronic Conditions qualify for leave even though the Covered Individual or the Covered Individual's Family Member does not receive treatment from a Health Care Provider during the absence, and even if the absence does not last more than three consecutive, full calendar days; and
- cosmetic treatments are not Serious Health Conditions unless inpatient hospital care is required or unless complications develop.

Contributions Premium payments made by the Employer, a Covered Business Entity, and/or a Covered Individual for coverage under the policy.

Covered Business Entity A business or trade that contracts with self-employed individuals for services and is required to report the payment for services to such individuals on IRS Form 1099-MISC for more than 50 per cent of its workforce. The Covered Business Entity may be the Policyholder.

Covered Contract Worker A Self-Employed Individual for whom the Employer or Covered Business Entity is required to report payment for services on IRS Form 1099-MISC and required to remit contributions to the Trust Fund pursuant to the Massachusetts' Paid Family and Medical Leave statutes and regulations. The Self-Employed Individual must reside in Massachusetts, perform services as an individual in Massachusetts, and must not be an independent contractor as defined by Massachusetts' General Law.

Covered Individual An individual who is any of the following:

- a full-time, part-time, permanent, temporary, on call, per diem or seasonal Employee

- who meets the Financial Eligibility Test;
- a Self-Employed Individual:
 - who has elected coverage;
 - whose reported earnings to the Massachusetts' Department of Revenue from self-employment meet the Financial Eligibility Test as if the individual were an employee;
- a Covered Contract Worker:
 - whose payments from an employer or covered business entity satisfy the Financial Eligibility Test as if the Covered Contract Worker were an employee; or
- a former Employee who:
 - has met the Financial Eligibility Test at the time of the former Employee's separation from Employment, provided, however, that all such Employment shall have been with the Employer; and
 - has been separated from Employment for not more than 26 weeks at the start of the former Employee's approved leave. However, if at any time during the 26 weeks of separation, the former Employee becomes re-employed with another employer, they are no longer considered a Covered Individual under the policy.

A Covered Individual may also be referred to as "you" or "your".

Covered Servicemember

Either:

- a member of the Armed Forces, as defined in M.G.L. c. 4, § 7, including a member of the National Guard or Reserves, who is:
 - undergoing medical treatment, recuperation or therapy;
 - otherwise in outpatient status; or
 - is otherwise on the temporary disability retired list for a serious injury or illness that was incurred by the member in the line of duty on Active Duty in the Armed Forces, or a serious injury or illness that existed before the beginning of the member's Active Duty and was aggravated by service in the line of duty on Active Duty in the Armed Forces; or
- a former member of the Armed Forces, as defined in M.G.L. c. 4, § 7, including a former member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy for a serious injury or illness that was incurred by the member in line of duty on Active Duty in the Armed Forces, or a serious injury or illness that existed before the beginning of the member's Active Duty and was aggravated by service in line of duty on Active Duty in the Armed Forces and manifested before or after the member was discharged or released from service.

Department of Family and Medical Leave (DFML)

The state agency established to oversee Massachusetts' Paid Family and Medical Leave program.

Domestic Partner

A person 18 years of age or older who:

- a) is dependent upon the Covered Individual for support as shown by either unilateral dependence or mutual interdependence that is evidenced by a nexus of factors including, but not limited to:
 - common ownership of real or personal property;
 - common householding;
 - children in common;
 - signs of intent to marry;
 - shared budgeting; and
 - the length of the personal relationship with the Covered Individual; or
- b) has registered as the Covered Individual's Domestic Partner with any registry of domestic partnerships maintained by the employer of either party, or in any state, county, city, town or village in the United States.

Earnings from Self-employment, or Income from

This term has the same meaning as "net earnings from self-employment", as defined in the Internal Revenue Code at 26 U.S.C. § 1402 (a) in effect for the taxable year, and the implementing regulations at 26 CFR §1.1402(a).

Self-employment

Employee	Any individual employed by the Employer and providing services in Massachusetts.
Employer	Any employer as defined by the Massachusetts Unemployment Compensation Law that is subject to the requirements of the Massachusetts' Paid Family and Medical Leave statutes and regulations. The Employer may be the Policyholder.
Employment	Service, including service in interstate commerce, performed for wages or under any contract, oral or written, express or implied, by an Employee for an Employer, that meets the requirements as defined by Massachusetts' General Law.
Extended Illness Leave Bank	A voluntary program where Covered Individuals may donate accrued leave time to fund a bank for the benefit of a co-worker experiencing a Qualifying Reason.
Family Leave	Leave taken: <ul style="list-style-type: none"> - to care for a Family Member with a Serious Health Condition; - for a Parent to bond with a Child during the first twelve months after the Child's Adoption, Foster Care placement or birth; - to care for a Family Member who is a Covered Servicemember; 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 or order to Active Duty in the Armed Forces.
Family Leave Benefits	Wage replacement paid to a Covered Individual while the Covered Individual is on Family Leave under the policy.
Family Member	A Covered Individual's spouse, Domestic Partner, Child, Parent or the Parent of the Covered Individual's spouse or Domestic Partner; a person who stood in <i>loco parentis</i> to the Covered Individual when the Covered Individual was a minor Child; or the Covered Individual's grandchild, Grandparent or Sibling.
Financial Eligibility Test	Over the 12 months preceding a Covered Individual's claim for benefits, the Covered Individual has received total Wages as an employee or payments for service as a covered contract worker from a Massachusetts employer or a Massachusetts covered business entity that in the aggregate equal or exceed 30 times the Covered Individual's Weekly Benefit Amount as determined under M.G.L.A. 151A § 24(a) 458 CMR 2.12, and that in the aggregate are not less than the dollar amount calculated annually by the Massachusetts Department of Unemployment Assistance pursuant to M.G.L. c. 151A, § 24(a).
Former Member of the Armed Forces	A member of the Armed Forces, including a member of the National Guard or Reserves, who was discharged or released at any time during the five-year period prior to the first date the Covered Individual completes a claim for benefits to care for the Former Member of the Armed Forces.
Foster Care	24-hour care for Children in substitution for and away from their Parents or guardian. Foster Care placement must be: <ul style="list-style-type: none"> - made by or with the agreement of Massachusetts or any other state, commonwealth, or territory as a result of a voluntary agreement between the Parent and guardian that the Child be removed from the home; or - pursuant to a judicial determination of the necessity for Foster Care and involves agreement between Massachusetts or any other state, commonwealth, or territory and foster family that the foster family will care for the Child. <p>Although Foster Care may be with relatives of the Child, state action is involved in the removal of the Child from parental custody.</p>
Grace Period	The period of time following a Premium Due Date when premium payment must be made for coverage to remain in force.

Grandparent	A parent of the Covered Individual's Parent.
Health Care Provider	<p>An individual licensed by the state, commonwealth, or territory in which the individual practices to practice medicine, surgery, dentistry, chiropractic, podiatry, midwifery or osteopathy, and including the following:</p> <ul style="list-style-type: none"> - Podiatrists, dentists, clinical psychologists, optometrists, and chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist) authorized to practice in by a state and performing within the scope of their practice as defined under the law of that state, commonwealth, or territory; - Nurse practitioners, nurse-midwives, clinical social workers and physician assistants who are authorized to practice under state law and who are performing within the scope of their practice as defined under the law of that state, commonwealth, or territory; - Christian Science Practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts; - A Health Care Provider listed above who practices in a country other than the United States, who is authorized to practice in accordance with the law of that country, and who is performing within the scope of his or her practice as defined under such law.
Incapacity	A Covered Individual's inability to perform the functions of one's position, or where the Covered Individual is a former Employee, an inability to perform the functions of one's most recent position or other suitable employment as that term is defined under M.G.L. c. 151A, § 25(c), due to the Serious Health Condition, treatment therefor, or recovery therefrom.
Inpatient Care	An overnight stay in a hospital, hospice, or residential medical care facility, including any period of Incapacity, or any subsequent treatment in connection with such Inpatient Care.
Intermittent Leave	Leave taken in separate periods of time due to a single Qualifying Reason, rather than for one continuous period of time. Examples of Intermittent Leave include leave taken on an occasional basis for medical appointments or leave taken several days at a time spread over a period of months. Intermittent Leave shall be taken in increments consistent with the established policy of the Employer or Covered Business Entity used to account for use of other forms of leave; provided, however, that we will not pay in increments of less than 15 minutes. A Covered Individual may not be permitted to receive payment for benefits associated with Intermittent Leave until they have 8 hours of accumulated leave time, unless more than 30 calendar days has lapsed since the initial taking of such leave.
Medical Leave	Leave taken due to a Covered Individual's Serious Health Condition.
Medical Leave Benefits	Wage replacement paid to a Covered Individual while the Covered Individual is on Medical Leave under the policy.
Minimum Weekly Benefit Amount	The minimum amount of wage replacement that may be paid to a Covered Individual on a weekly basis as provided in M.G.L. c. 175M, § 3, while the Covered Individual is on leave under the terms of the policy.
Parent	The biological, adoptive, step- or foster mother or father of the Covered Individual.
Payable Claim	A claim for which we are liable for under the terms of the policy.
Policyholder	The entity to which the policy is issued.
Policy Year	January 1, 2023 to January 1, 2024 and each following January 1 to January 1.
Qualifying Exigency	<p>A need arising out of a Family Member's Active Duty service or notice of an impending call or order to Active Duty in the Armed Forces, including, but not limited to:</p> <ul style="list-style-type: none"> - providing for the care or other needs of the military member's Child or other Family Member;

- making financial or legal arrangements for the military member;
- attending counseling;
- attending military events or ceremonies;
- spending time with the military member during a rest and recuperation leave or following return from deployment; or
- making arrangements following the death of the military member.

Reduced Leave Schedule	A leave schedule that reduces the usual number of hours per workweek, or hours per workday of a Covered Individual.
Self-Employed Individual	A sole proprietor, a sole member of a limited liability company or limited liability partnership, or an individual whose net profit or loss from a business is required to be reported to the Massachusetts Department of Revenue; provided, however, that such individual resides in Massachusetts.
Serious Health Condition	<p>An illness, injury, impairment or physical or mental condition that involves:</p> <ul style="list-style-type: none"> - Inpatient Care in a hospital, hospice or residential medical facility; or - Continuing Treatment by a Health Care Provider. <p>A substance use disorder may be a Serious Health Condition. Family Leave or Medical Leave may only be taken for treatment for the substance use disorder by a Health Care Provider, by a provider of health care services on referral from a Health Care Provider or by a program licensed or approved by the Massachusetts Department of Public Health. An absence because of the Covered Individual's use of the substance, rather than for treatment, does not qualify for leave.</p>
Sibling	The biological, adoptive, step-brother or step-sister of the Covered Individual.
State Average Weekly Wage	The Average Weekly Wage in Massachusetts as determined by the Director of the Massachusetts Department of Unemployment Assistance.
Trust Fund	The Family and Employment Security Trust Fund established pursuant to the Massachusetts' Paid Family and Medical Leave statutes and regulations.
Unum Insurance Company	Referred to as "Unum" and "we," "us," or "our."
Wages	Wages shall have the same meaning as provided by Massachusetts' General Law Chapter 151A now and as amended in the future.
Weekly Benefit Amount	The amount of wage replacement that will be paid to a Covered Individual on a weekly basis, after reductions and taxes, while the Covered Individual is on a leave under the terms of the policy.
Writing or Written	A record on or transmitted by paper, electronic, or telephonic means consistent with applicable law.
You or Your	A Covered Individual

Paid Family Leave Insurance Benefit Rider

Family Leave Benefits provide temporary wage replacement for Covered Individuals while they are on a Family Leave due to a Qualifying Reason.

This rider is made a part of the policy and is subject to all of the provisions, limitations and exclusions of the policy and certificate, unless changed or added by this rider.

All references to provisions, sections, and defined terms have been capitalized. Defined terms that have been capitalized within this rider have the same meaning as the defined terms capitalized in the Certificate of Coverage unless changed or added by this rider.

Policyholder: Veeva Systems Inc.
Policy Number: 920985 001
Policy Effective Date: January 1, 2023
Rider Effective Date: January 1, 2023

Family Leave Highlights

Covered Individual's Contributions In the event the Employer or Covered Business Entity requires Contributions from the Covered Individual to pay for their coverage, the Contributions shall be no more than the maximum allowed under the Massachusetts' Paid Family and Medical Leave (PFML) statutes and regulations.

Qualifying for a Family Leave To qualify for a Family Leave, a Covered Individual must have a Qualifying Reason.

A Qualifying Reason is defined as any of the following:

- for a Parent to bond with a Child during the first 12 months after the Child's birth, Adoption, or Foster Care placement;
- to care for a Family Member with a Serious Health Condition;
- to care for a Family Member who is a Covered Service Member; or
- a Qualifying Exigency due to a Family Member's current or impending Active Duty in the Armed Forces.

Family Leaves can be taken continuously, intermittently or on a Reduced Leave Schedule.

The following additional requirements apply if a Covered Individual is taking Intermittent Leave or Reduced Leave Schedule for the following Qualifying Reasons:

- for a Parent to bond with a Child during the first 12 months after the Child's birth, Adoption, or Foster Care placement:
 - the Employer or Covered Business Entity and Covered Individual must mutually agree; and
 - when needed, we will validate that the agreement has been reached between the Covered Individual and Employer or Covered Business Entity as a condition for payment of the Covered Individual's Weekly Benefit Amount.
- to care for a Family Member with a Serious Health Condition, or to care for a Family Member who is a Covered Service Member:
 - the Health Care Provider must confirm that the Intermittent Leave or Reduced Leave Schedule is medically necessary.

The Employer or Covered Business Entity must notify us of the Covered Individual's approved Intermittent Leave or Reduced Leave Schedule.

Benefit Waiting Period

The Benefit Waiting Period is the period of time during which a Covered Individual must have continuous coverage before Family Leave Benefits become payable.

The Benefit Waiting Period for each requested Family Leave is 7 consecutive calendar days, beginning on the first day of the Covered Individual's approved Family Leave.

For Intermittent Leave or Reduced Leave Schedules, the Benefit Waiting Period for each requested Family Leave will also be 7 consecutive calendar days, beginning on the first day of the Covered Individual's approved Family Leave.

If the Covered Individual takes a Family Leave immediately following the Covered Individual's Medical Leave for pregnancy or recovery from childbirth, the 7 day Benefit Waiting Period will be waived provided the Benefit Waiting Period was satisfied for the Medical Leave.

No Family Leave Benefits are payable during the Benefit Waiting Period. The Benefit Waiting Period will count towards the Maximum Leave Period available in a Benefit Year.

Maximum Leave Period

Subject to any leave usage defined under Massachusetts' Paid Family and Medical Leave statutes and regulations, 12 weeks per Benefit Year inclusive of the Benefit Waiting Period, for any single one or combination of the following:

- to care for a Family Member with a Serious Health Condition;
- for a Parent to bond with a Child in the first 12 months after birth, Adoption, or Foster Care placement; or
- due to a Qualifying Exigency for a Family Member on Active Duty or notified of a call to Active Duty.

In the case of multiple births, the Maximum Leave Period remains at 12 weeks per Benefit Year, inclusive of the Benefit Waiting Period, for any single one or combination of the Family Leaves listed above.

Subject to any leave usage defined under Massachusetts' Paid Family and Medical Leave statutes and regulations, 26 weeks per Benefit Year, inclusive of the Benefit Waiting Period:

- to care for a Family Member who is a Covered Service Member.

If the Covered Individual takes a Family Leave on an Intermittent Leave or Reduced Leave Schedule, the Maximum Leave Period will be reduced in direct proportion with the Covered Individual's Intermittent Leave or Reduced Leave Schedule.

A Covered Individual cannot take more than 26 weeks of any combination of leaves for a qualifying reason defined under Massachusetts' Paid Family and Medical Leave statutes and regulations, inclusive of any Benefit Waiting Periods, in the same Benefit Year.

Claim Provisions

Filing a Claim

Step 1 - Starting a Claim

You must provide us and your Employer or Covered Business Entity with notice of claim at least 30 calendar days prior to the anticipated start date your Family Leave. Notice may be provided in Writing, online at services.unum.com, or by contacting us directly. If it is not possible to provide notice within this time period, it must be provided as soon as reasonably possible.

Notice must consist of the following:

- the anticipated start date of the leave;
- the anticipated length of the leave;
- the type of leave; and

- the expected end date of the leave.

If you fail to comply with these notice requirements, your claim for Family Leave may be delayed or denied.

You must consult with your Employer or Covered Business Entity to ensure that any leave time taken will not unduly disrupt your Employer's or Covered Business Entity's operations.

We will notify your Employer or Covered Business Entity not more than five business days after we receive notice of claim from you to facilitate the disclosure and exchange of relevant information or records regarding your claim.

Step 2 - Claim Forms

After receiving notice of claim for a Family Leave, we will send a claim form to you within 15 days from the date we receive the notice. Claim forms may also be available from your Employer or Covered Business Entity or from us online at services.unum.com.

When you or your authorized representative receive the claim form, you or your authorized representative and, if applicable, your Employer or Covered Business Entity must fill out your own sections of the claim form. Also, if applicable, you must provide the Health Care Provider with their section of the claim form. The Health Care Provider should complete their section and send it directly to us.

If you do not receive a claim form from us within 15 days after we receive notice of claim for your Family Leave, a Written statement from you and the Health Care Provider describing the Qualifying Reason and the details for your Family Leave can be used in lieu of the claim form. It must be sent to us within the time limit stated in the Proof of a Qualifying Reason section below.

Completed claim forms may be submitted online or sent to us by mail or fax:

Mailing Address: The Benefits Center
 P.O. Box 100158
 Columbia, South Carolina 29202-3158

Fax: (800) 447-2498

Online: www.unum.com/claimant

Step 3 - Proof of a Qualifying Reason

Proof of a Qualifying Reason must be sent to us no later than 90 days from the date your approved Family Leave begins, otherwise your benefit payments may be reduced as a result. If it is not reasonably possible to provide proof within this time period, it will not affect a Payable Claim if it is provided as soon as reasonably possible, and in no event later than one year, unless you lack the legal capacity to do so.

Proof, provided at your expense, must include, but not be limited to, the following:

- for Family Leave to care for Family Member with a Serious Health Condition:
 - the name and address of the Family Member;
 - confirmation of the identity of the Family Member;
 - a statement confirming the relationship between you and the Family Member;
 - a statement that you are needed to care for the Family Member;
 - an estimate regarding the frequency and anticipated duration of time that you are needed to care for the Family Member; and
 - certification from the Family Member's Health Care Provider that includes:
 - a statement that the Family Member has a Serious Health Condition;
 - the date on which the Family Member's Serious Health Condition began;
 - the expected duration of the Family Member's Serious Health Condition.
- for Family Leave to bond with a Child during the first 12 months after the Child's

birth:

- the Child's birth certificate; or
 - a statement from the Child's Health Care Provider stating the Child's birth date; or
 - a statement from the Health Care Provider of the person who gave birth stating the Child's birth date.
- for Family Leave to bond with a Child during the first 12 months after the Child's Adoption or Foster Care placement with the Covered Individual:
 - certification from the Child's Health Care Provider or from an Adoption or Foster Care agency involved in the placement of the Child or from the Massachusetts Department of Children and Families that confirms the placement and the date of placement of the Child; and
 - to the extent that your status as an adoptive or foster Parent changes while an application for benefits is pending or while you are receiving benefits, you must within five business days of such change in status provide written notice of the change to us. The Massachusetts Department of Children and Families may confirm in writing your status as an adoptive or foster Parent while an application for benefits is pending or while you are receiving benefits.
 - for Family Leave for a Qualifying Exigency:
 - a copy of the Family Member's Active Duty orders; or
 - a letter of impending activation from the Family Member's commanding officer; or
 - other documentation in circumstances where, for good cause shown you are unable to produce the Active Duty orders or letter of impending activation; and
 - a statement confirming the family relationship between the Family Member experiencing the Qualifying Exigency, the Family Member for which Family Leave is being requested and you;
 - confirmation of the identities of the Family Members;
 - the name and address of the Family Member being cared for;
 - an estimate regarding the frequency and anticipated duration of time that you are needed to care for the Family Member; and
 - the underlying reason for the Qualifying Exigency.
 - for Family Leave to care for a Family Member who is a Covered Service Member:
 - a statement that you are needed to care for the Covered Service Member;
 - an estimate of the amount of time you will be needed to care for the Covered Service Member;
 - an attestation by the Covered Service Member's Health Care Provider and you that the Serious Health Condition is connected to the Covered Service Member's military service;
 - a statement confirming the Family Member relationship between you and the Covered Service Member;
 - confirmation of the identity of the Covered Service Member;
 - the name and address of the Covered Service Member being care for; and
 - certification from the Covered Service Member's Health Care Provider that includes:
 - a statement that the Covered Service Member has a Serious Health Condition;
 - the date on which the Covered Service Member's Serious Health Condition began;
 - the expected duration of the Covered Service Member's Serious Health Condition. If proof is not complete, we will request additional information.

If proof is not complete, we will request additional information.

Signed for Unum on the Policy Effective Date.



President



Secretary

Privacy Notice

This Privacy Notice applies to Unum Group's United States insurance operations and is being provided on behalf of its affiliates listed below ("Unum" "we"), as required by the Gramm-Leach Bliley Act and state insurance laws. This Notice describes how we collect, share, and protect nonpublic personal information (NPI).

COLLECTING INFORMATION

We collect NPI about our customers to provide them with insurance products and services, perform underwriting, provide stop loss coverage, and administer claims. The types of NPI we collect for these purposes may include telephone number, address, Social Security number, date of birth, occupation, income, and medical history, including treatment. 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 perform underwriting, provide stop loss coverage, pay claims, detect fraud, and to provide reinsurance or auditing. We may share NPI with medical providers for insurance and treatment purposes and with insurance support organizations. The organizations 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, with parties for 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.

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.

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.

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.

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, providing your full name, address, telephone number and policy number, to the address below. We will reply within 30 business days of receipt. If you request, we will send copies of the NPI to you or make available to you at our office. 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 to us and include your full name, address, telephone number and policy number if we have issued a policy, and the reason you believe the NPI is inaccurate. We will reply within 30 business days of receipt. If we agree with you, we will correct the NPI and

notify you and insurance support organizations that may have received NPI from us in the preceding 7 years. We will also, if you ask, notify any person who may have received the incorrect NPI from us in the past 2 years.

If we disagree with you, we will tell you we are not going to make the correction and 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 and 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 to be accessible. We will include your statement any time the disputed NPI is reviewed or disclosed. We will also give the statement to insurance support organizations that gave us NPI and to any person designated by you, if we disclosed the disputed NPI to that person in the past two years.

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. You may submit a written request for the reason(s) for our decision within 90 business days of our decision. We will reply within 21 business days of receipt with the specific reasons, if not initially furnished, and specific items of information that supported our decision.

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, B267, Portland, Maine 04122 or at Privacy@unum.com.

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 & Accident Insurance Company, The Paul Revere Life Insurance Company and Starmount Life Insurance Company.

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