

Family and Medical Leave Policy

Last Revised: May 11, 2018



Contents

Introduction 3

Scope..... 3

Description..... 3

Policy 3

Questions 6

Reference Documentation..... 6

Introduction

In accordance with the federal Family and Medical Leave Act (“FMLA”), and corresponding state family and medical leave laws, the Company, including any of its subsidiaries (collectively “the Company”), provides family and medical leaves of absence to eligible employees. Although the federal and state laws sometimes have different names, the Company refers to these types of leaves collectively as “FMLA Leave.”

Scope

An employee is eligible if he or she has worked for the Company for at least 12 months (does not have to be consecutive months), worked 1,250 hours in the 12 months preceding the need for leave, and works at a location where at least 50 employees are employed by the Company within 75 miles. For the purpose of this policy, employment with another company that was acquired by the Company, or any of its subsidiaries, will count toward the 12-month eligibility requirement.

Description

The Company provides family and medical leaves of absence to eligible employees.

Policy

FMLA Leave

In accordance with FMLA, eligible employees are entitled to a combined total of 12 weeks unpaid, job-protected leave for the following reasons:

- the birth of a child and to care for the newborn child within one year of birth;
- the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
- to care for the employee’s spouse¹, child, or parent who has a serious health condition;
- a serious health condition that makes the employee unable to perform the essential functions of his or her job;
- any qualifying exigency arising out of the fact that the employee’s spouse¹, child, or parent is a covered military member on covered active duty² or called to active duty status; or
- twenty-six weeks of unpaid, job-protected leave to care for a covered service member with a serious injury or illness³ if the eligible employee is the service member’s spouse¹, child, parent, or next of kin (military caregiver FMLA leave).

¹ Definition of spouse, under FMLA, expressly includes individuals in lawfully recognized same-sex and common law marriages and marriages that were validly entered into outside of the United States if they could have been entered into in at least one state. Some states laws extend spousal rights or coverage to other individuals, such as civil union partners, domestic partners, etc.

² The definition of covered active duty includes a foreign country deployment requirement.

³ The FMLA definition of “serious injury or illness” for covered service members is distinct from the FMLA definition of “serious health condition” and includes pre-existing conditions aggravated in the line of duty while on active duty.

Spouses who are both employed by the Company are eligible to take a total of 12 weeks each of FMLA Leave to care for a child after birth or placement in their care through adoption or foster arrangements.

State laws may provide employees with leave for additional reasons or for different time periods. In any case, employees will be eligible for the most generous benefits available under applicable law.

Qualifying Exigencies for Service Member FMLA

Eligible employees whose spouse, child, or parent in the Armed Forces, National Guard or Reserves on covered active duty or who has been called to covered active duty status, may use their 12-week leave entitlement to address certain qualifying exigencies, such as those described below:

- short-notice deployment: leave is permitted for up to 7 days from the date of notification if the military member receives 7 days or less notice of a call to active duty;
- military events and related activities;
- certain childcare arrangements;
- financial and legal arrangements;
- activities related to the care of a military member's parent who is incapable of self-care wherein those activities arise from the military member's covered active duty;
- attending counseling;
- rest and recuperation during deployment: Leave is permitted up to 15 days while the service member is on temporary rest and recuperation leave;
- attending post-deployment activities; or
- any other event that the employee and employer agree is a qualifying exigency.

Military Caregiver FMLA

Eligible employees can take up to 26 weeks of leave to care for a covered service member during a single 12-month period. Military caregiver leave is subject to the following provisions:

- leave can be taken continuously, intermittently, or on a reduced schedule;
- employees with more than one covered service member are limited to 26 weeks;
- if combining Military Caregiver Leave with other Service Member or Family/Medical leaves, a combined total of 26 weeks leave is available and only 12 of the 26 weeks may be used for a FMLA-qualifying reason not related to care for the covered service member;
- a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness incurred or aggravated in the line of duty while on active duty that may render the individual medically unfit to perform his/her military duties; or
- a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA Leave to care for the covered veteran, and who has a qualifying injury or illness incurred or aggravated in the line of duty while on active duty that manifested itself before or after the individual became a veteran.

Leave Request Procedure

- Employees may apply for FMLA by calling the Company's Leave of Absence Reporting Center at 877-576- 8149;

- employees must provide 30 days' advance notice of the need to take FMLA Leave when the leave is foreseeable. When 30 days' notice is not possible, the employee must provide notice as soon as practicable;
- employees must provide the appropriate documentation and/or physician certification form within 20 calendar days;
- employees on intermittent leave must follow their normal absence notification procedures;
- the 12-week period is calculated on a rolling 12-month period measured backward from the date the employee first begins covered leave;
- the 26-week period for Military Caregiver FMLA begins on the first day the employee takes leave and ends 12 months after that date;
- leave under federal and state law will run concurrently to the extent permitted by law;
- employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the Company's business operations; and
- employees using FMLA for a continuous period due to their own medical condition must provide a note from their physician releasing the employee to return to work, with or without accommodation. This should be done 2 weeks in advance of the return to work date so that the Company can properly schedule work for the employee.

Certification forms are available from the Company's Leave of Absence Reporting Center. At the Company's expense, the Company has the right to ask for a second opinion regarding an employee's own serious health condition. If required, the Company will select the physician. If the original certification and the certification from the second physician differ, the Company will require an opinion from a third physician at the Company's expense. The third physician will be jointly approved by the Company and the employee. The third opinion will be considered final.

Absent unusual circumstances, failure to comply with the Company's notice and certification requirements may result in a delay or denial of the leave. If an employee fails to return to work upon the leave's expiration and has not obtained an extension of the leave, the Company may presume that the employee does not plan to return to work and has voluntarily terminated his or her employment.

Leave on Intermittent or Reduced Schedule

FMLA Leave does not need to be taken in one block. Leave can be taken intermittently or on a reduced schedule when medically necessary (for the employee's own care or that of a family member). Leave due to military exigencies may also be taken on an intermittent basis. Requests for intermittent leave to care for a new child will be reviewed on a case-by-case basis by the manager and the Company's Leave of Absence Reporting Center.

If an employee's request for intermittent leave is approved, the Company may later require employees to obtain recertification of their need for leave, as permitted by law. For example, the Company may request recertification if it receives information that casts doubt on an employee's report that an absence qualifies for FMLA Leave.

In accordance with applicable law, the Company may temporarily transfer an employee to an available alternative position with equivalent pay and benefits if the alternative position would better accommodate an intermittent or reduced schedule when the time off involves planned medical treatment.

Pay and Benefits During Leave

Generally, FMLA Leave is unpaid. Employees are permitted, but not required, to use their vacation or sick time, during FMLA Leave. FMLA Leave runs concurrently with benefits, such as Short Term Disability ("STD") and workers' compensation, as applicable, and in accordance with state laws.

Subject to the terms, conditions, and limitations of the applicable plans, the Company will continue to provide health insurance benefits for the full period of the approved FMLA Leave under the same conditions as before the FMLA Leave. The employee remains responsible for his/her share of the premium.

Job Restoration

Upon return from FMLA Leave, employees will be restored to their original or equivalent position with equivalent pay, benefits and other employment terms, unless the position has been eliminated or replaced due to business necessity. Employees will not lose any employment benefit that was earned or to which the employee was entitled prior to using FMLA Leave.

If an employee fails to return to work on the agreed upon return date, the Company will assume, unless otherwise required by law, that the employee has resigned. Key employees (salaried employees who are among the highest paid 10% of all employees employed by the company within 75 miles of the employee's worksite) may be subject to reinstatement limitations in some circumstances. If employees are considered a "key employee," those employees will be notified of the possible limitations on reinstatement at the time the employee requests a leave of absence.

Documents relating to medical certifications, recertifications or medical histories of employees or employees' family members will be maintained separately and treated by the Company as confidential medical records, except that in some legally recognized circumstances, the records (or information in them) may be disclosed to supervisors and managers, first aid and safety personnel or government officials.

An employee who fraudulently obtains Family and Medical Leave from the Company is not protected by FMLA's job restoration or maintenance of health benefits provisions. In addition, the Company will take all available appropriate disciplinary action against such employee due to such fraud.

The Company reserves the right to modify this policy at any time, without prior notice, and at its sole discretion. Nothing in this policy is intended to create a contract, nor is it to be construed to constitute contractual obligations of any kind or a contract of employment between the Company and any of its employees. The Company is an employment-at-will company.

Questions

If you have any questions about this Policy, please contact your local Human Resources representative.

Reference Documentation

NONE

EMPLOYEE RIGHTS

UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

REQUESTING LEAVE

EMPLOYER RESPONSIBILITIES

ENFORCEMENT

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division





FAMILY CARE AND MEDICAL LEAVE (CFRA LEAVE) AND PREGNANCY DISABILITY LEAVE

Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with us and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to family care or medical leave (CFRA leave). This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent or spouse. While the law provides only unpaid leave, employees may choose or employers may require use of accrued paid leave while taking CFRA leave under certain circumstances.

Even if you are not eligible for CFRA leave, if you are disabled by pregnancy, childbirth or a related medical condition, you are entitled to take a pregnancy disability leave of up to four months, depending on your period(s) of actual disability. If you are CFRA-eligible, you have certain rights to take BOTH a pregnancy disability leave and a CFRA leave for reason of the birth of your child. Both leaves contain a guarantee of reinstatement—for pregnancy disability it is to the same position and for CFRA it is to the same or a comparable position—at the end of the leave, subject to any defense allowed under the law.

If possible, you must provide at least 30 days' advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or of a family member). For events that are unforeseeable, we need you to notify us, at least verbally, as soon as you learn of the need for the leave. Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

We may require certification from your health care provider before allowing you a leave for pregnancy disability or for your own serious health condition. We also may require certification from the health care provider of your child, parent or spouse, who has a serious health condition, before allowing you a leave to take care of that family member. When medically necessary, leave may be taken on an intermittent or reduced work schedule.

If you are taking a leave for the birth, adoption, or foster care placement of a child, the basic minimum duration of the leave is two weeks, and you must conclude the leave within one year of the birth or placement for adoption or foster care.

Taking a family care or pregnancy disability leave may impact certain of your benefits and your seniority date. If you want more information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits, please contact [the Company's Leave of Absence Reporting Center at 1-877-576-8149](mailto:the.Company's.Leave.of.Absence.Reporting.Center@1-877-576-8149).



YOUR RIGHTS AND OBLIGATIONS AS A PREGNANT EMPLOYEE

If you are pregnant, have a related medical condition, or are recovering from childbirth, **PLEASE READ THIS NOTICE.**

- California law protects employees against discrimination or harassment because of an employee's pregnancy, childbirth or any related medical condition (referred to below as "because of pregnancy"). California law also prohibits employers from denying or interfering with an employee's pregnancy-related employment rights.

- Your employer has an obligation to:

- reasonably accommodate your medical needs related to pregnancy, childbirth or related conditions (such as temporarily modifying your work duties, providing you with a stool or chair, or allowing more frequent breaks);

- transfer you to a less strenuous or hazardous position (where one is available) or duties if medically needed because of your pregnancy; and

- provide you with pregnancy disability leave (PDL) of up to four months (the working days you normally would work in one-third of a year or 17 1/3 weeks) and return you to your same job when you are no longer disabled by your pregnancy or, in certain instances, to a comparable job. Taking PDL, however, does not protect you from non-leave related employment actions, such as a layoff.

- provide a reasonable amount of break time and use of a room or other location in close proximity to the employee's work area to express breast milk in private as set forth in the Labor Code.

- For pregnancy disability leave:

- PDL is not for an automatic period of time, but for the period of time that you are disabled by pregnancy. Your health care provider determines how much time you will need.

- Once your employer has been informed that you need to take PDL, your employer must guarantee in writing that you can return to work in your same position if you request a written guarantee. Your employer may require you to submit written medical certification from your health care provider substantiating the need for your leave.

- PDL may include, but is not limited to, additional or more frequent breaks, time for prenatal or postnatal medical appointments, doctor-ordered bed rest, severe morning sickness, gestational diabetes, pregnancy-induced hypertension, preeclampsia, recovery from childbirth or loss or end of pregnancy, and/or post-partum depression.

- PDL does not need to be taken all at once but can be taken on an as-needed basis as required by your health care provider, including intermittent leave or a reduced work schedule, all of which counts against your four month entitlement to leave.

- Your leave will be paid or unpaid depending on your employer's policy for other medical leaves. You may also be eligible for state disability insurance or Paid Family Leave (PFL), administered by the California Employment Development Department.

- At your discretion, you can use any vacation or other paid time off during your PDL.

- Your employer may require or you may choose to use any available sick leave during your PDL.
- Your employer is required to continue your group health coverage during your PDL at the same level and under the same conditions that coverage would have been provided if you had continued in employment continuously for the duration of your leave.
- Taking PDL may impact certain of your benefits and your seniority date; please contact your employer for details.
- If possible, you must provide at least 30 days' advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself). For events that are unforeseeable, we need you to notify us, at least verbally, as soon as you learn of the need for the leave. Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

Notice Obligations as an Employee.

- Give your employer reasonable notice: To receive reasonable accommodation, obtain a transfer, or take PDL, you must give your employer sufficient notice for your employer to make appropriate plans. Sufficient notice means 30 days advance notice if the need for the reasonable accommodation, transfer, or PDL is foreseeable, otherwise as soon as practicable if the need is an emergency or unforeseeable.
- Provide a Written Medical Certification from Your Health Care Provider. Except in a medical emergency where there is no time to obtain it, your employer may require you to supply a written medical certification from your health care provider of the medical need for your reasonable accommodation, transfer or PDL. If the need is an emergency or unforeseeable, you must provide this certification within the time frame your employer requests, unless it is not practicable for you to do so under the circumstances despite your diligent, good faith efforts. Your employer must provide at least 15 calendar days for you to submit the certification. See your employer for a copy of a medical certification form to give to your health care provider to complete.
- **PLEASE NOTE** that if you fail to give your employer reasonable advance notice or, if your employer requires it, written medical certification of your medical need, your employer may be justified in delaying your reasonable accommodation, transfer, or PDL.

Additional Rights under California Family Rights Act (CFRA) Leave

- You also may be entitled to additional rights under the California Family Rights Act of 1993 (CFRA) if you have more than 12 months of service with us and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave. This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition (not related to pregnancy) or that of your child, parent or spouse. While the law provides only unpaid leave, employees may choose or employers may require use of accrued paid leave while taking CFRA leave under certain circumstances. For further information on the availability CFRA leave, please review your employer's Notice regarding the availability of CFRA leave.

This notice is a summary of your rights and obligations under the Fair Employment and Housing Act (FEHA). For more information about your rights and obligations as a pregnant employee, contact your employer, visit the Department of Fair Employment and Housing's Web site at www.dfeh.ca.gov, or contact the Department at (800) 884-1684. The text of the FEHA and the regulations interpreting it are available on the Department of Fair Employment and Housing's Web site at www.dfeh.ca.gov.



Paid Family Leave

NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by: Liberty Life Assurance Company of Boston

Covering Employees of: Corporate Risk Holdings, LLC

Paid Family Leave is insurance that provides job protected paid time off to:

- **Bond** with a newly born, adopted, or fostered child
- **Care** for a family member with a serious health condition
- **Assist** loved ones when a family member is deployed abroad on active military service

How to File:

- **Notify** your employer at least 30 days in advance, if foreseeable, or as soon as possible
- **Submit** the Request for Paid Family Leave form to your employer
- **Complete** and attach the additional documentation as instructed on the request form and submit to the insurance carrier listed below

Employers should NEVER discriminate or retaliate against anyone who requests or takes leave

FOR MORE INFORMATION AND HELP:
Visit ny.gov/PaidFamilyLeave
or call **(844) 337-6303**

You can get forms to take Paid Family Leave from

- *Your employer,*
- *The insurance carrier below, or*
- *ny.gov/PaidFamilyLeave*

Liberty Life Assurance Company of Boston
100 Liberty Way
Dover, NH 03820
1-800-210-0268

Policy #: GS3-850-291124-NY Effective From: 01/01/2018 To: 12/31/2018

Statutory Under a Plan or Agreement

Class(es) of Employees Covered: All Employees Eligible Under The Law.

NOTICE OF COMPLIANCE

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.