

Voluntary Plan for State Disability Benefits For California Employees

*Effective with respect to Disabilities and
Paid Family Leaves commencing
on or after January 1, 2018*

NAME OF PLAN:

Riverbed Technology, Inc.

ELIGIBILITY & EFFECTIVE DATE OF COVERAGE:

All California employees working 20 hours per week or more are eligible for coverage under the Plan.

Each employee is covered by the Plan on the effective date of the Plan unless he or she rejects coverage in writing. An individual employed after the effective date of the Plan is covered as of his or her date of employment unless he or she rejects coverage in writing.

If an employee rejects or withdraws coverage and subsequently elects in writing to be covered by the Plan, coverage will commence on the first day of the calendar quarter immediately after the employee elects coverage.

If you reject coverage or withdraw from the Plan and at a later date wish to participate, you must request coverage in writing. Your coverage will then be effective on the first day of the Calendar Quarter following your written request.

BENEFITS

Disability:

You are considered disabled if: (1) you are unable to perform your regular or customary work due to any physical or mental illness or injury, including pregnancy, childbirth, or related medical condition, (2) you have been ordered in writing not to work by a state or local health officer because you are infected with or suspected of being infected with a communicable disease, or (3) you are participating as a resident in an alcoholic recovery program or drug-free residential facility program, as the result of referral by a physician.

Paid Family Leave:

You are eligible for a Paid Family Leave if you are unable to perform your regular or customary work because you are (a) bonding with a new Child during the first year after the birth, adoption, or foster care placement of a new Child, (b) providing care for a seriously ill Child, Grandchild, Grandparent, Parent, Parent-in-law, Sibling, Spouse, or Domestic Partner.

BENEFIT AMOUNTS

Disability Benefit:

If you are eligible for Disability, the benefits are paid bi-weekly, subject to Limitations, at a rate of 60% of Regular Wages to a maximum weekly benefit of \$3,462. The amount of benefit payable for each day you are disabled is one-seventh of your weekly benefit.

Paid Family Leave Benefit:

If you are eligible for Paid Family Leave benefits, the benefits are paid bi-weekly, subject to Limitations, at a rate of 60% of your Regular Wages. The minimum weekly benefit amount is \$50 per week; the maximum weekly benefit amount is \$1,216. The amount of benefit payable for each day you are disabled is one-seventh (1/7th) of your weekly benefit.

Disability and Paid Family Leave Benefit:

For new claims effective on or after 1/1/2018, CUIA section 2655(e) mandates that Employees who earned less than one-third of the state average quarterly wages during the highest earnings quarter in their Base Period will receive 70% of the highest quarterly earnings of the Base Period. The California Employment Development Department will notify both the Employee and the Claim Administrator in writing of the weekly benefit amount. For Employees whose Regular Wages are less than one-third the state's average quarterly wages, the

weekly benefit amount will be 70% of their Regular Wages. For employees whose Regular Wages are equal or greater than one-third the state average quarterly wages, the weekly benefit amount will be 60% of their Regular Wages.

In all cases, the weekly benefit amount will be equal to or greater than the employee's benefit as calculated by the Employment Development Department. The Claim Administrator will make any necessary adjustments promptly after receiving such notification if the weekly benefit amount is less than the State Disability Plan.

Maximum Benefit:

The maximum benefit payable for any one period of disability is 52 times the weekly benefit amount. Paid Family Leave pays a maximum benefit equal to six (6) times the State Plan maximum weekly benefit amount in a 12-month period.

Waiting Period:

There is a 7-calendar day waiting period before disability benefits begin. Effective for Paid Family Leave claims beginning 1/1/2018 or later, there is no waiting period.

COST TO EMPLOYEE:

The contribution is 0.60% of the first \$114,967 in earnings for a maximum annual amount of \$689.80.

LIMITATIONS:

No Benefits Are Payable: (a) if disability is not supported by a certificate; (b) if you are eligible for unemployment insurance benefits from any state (including CA) or the federal government; (c) if you receive disability benefits from any state (including CA) or the federal government (d) if you receive wages (except you may be eligible for wage loss benefits); (e) if you receive weekly workers' compensation benefits (except you may be eligible for any difference between the workers' compensation benefit and the Voluntary Plan benefit); (f) if you are confined by court order or certification as a dipsomaniac, drug addict, or sexual psychopath; (g) if you are incarcerated because of a criminal conviction; (h) if your disability is caused by or arises out of the commission of any crime that results in a felony conviction; or (i) if another family member is ready, willing, able and available for the same period of time in a day that you are providing the required care.

Your benefits will be limited to the State Disability rate if you are a temporary worker, an intern, a student worker or a seasonal worker; if disability results from participation in a riot, from intentional self-inflicted injuries, from unnecessary cosmetic surgery, or from a work-related injury or illness; until satisfactory medical evidence of disability is received by the Administrator; while you fail to comply with treatment recommendations from your doctor; if you decline alternative work offered by the Employer; if you fail to agree to repay benefits with the proceeds of a third-party settlement or judgement; for any period when benefits are payable under the Paid Family Leave provisions of this plan; for any disability arising during the extended coverage period following a layoff or leave of absence without pay; while the Plan is obligated to pay benefits while disputing with State Disability your coverage under the Plan. Other limitations may apply and are detailed in the Plan Document.

If you are entitled to leave under the FMLA and the CFRA you must take Paid Family Leave concurrent with leave taken under the FMLA and the CFRA.

SIMULTANEOUS COVERAGE:

If you work for more than one employer, you may be entitled to a prorated benefit from each employer's Plan. The amount payable from each Plan depends on the number of Plans involved. Each Plan will pay an equal portion of the State Plan benefit. If your employer has a Voluntary Disability Plan, additional benefits may be payable.

TERMINATION OF COVERAGE:

Your coverage will terminate at midnight on the day your employment with the Employer terminates or at midnight on the 15th day of a layoff or leave of absence without pay, unless you are disabled at the time of termination or commencement of a layoff or leave of absence.

Coverage will also terminate on the day you cease to be eligible, or at the beginning of the next Calendar Quarter following your written notice of withdrawal from the Plan; or upon termination of the Plan.

COMPLIANCE:

As a participant, you are guaranteed rights at least equal to those given by the State Plan and that you will receive a weekly rate, maximum amount, and duration of benefits at least equal to those which you would have received from the State Plan.

TO FILE A DISABILITY CLAIM:

Call Prudential at 1-800-842-1718. Your claim must be filed within 60 consecutive days from the first compensable day for which a claim is made for Disability or Paid Family Leave. After you file a claim, you will receive a Notice of Computation (DE 429D) from the State, which will show you the minimum amount you should be paid.

You should note the wage quarters used by the State to compute the amount. If you were in the military service, received Workers' Compensation benefits or did not work because of a trade dispute during the base period, you may be able to substitute wages paid in prior quarters to make your claim valid or increase the benefit amount. If your claim is invalid because of extended unemployment during the base period, you may also be able to substitute wages paid in prior quarters to make the claim valid.

Under the provisions of the California Unemployment Insurance Code, the Company or its authorized administrator shall have the right to: (1) require supplemental forms from the attending Physician, or those authorized to certify the need for care, as often as deemed necessary, and (2) have the Care

Recipient examined by a Physician while you are claiming benefits under the Plan. This may be done when and as often as may be reasonably required during the period benefit payments may be due under the Plan.

APPEALS:

An Employee who is denied benefits under the terms of this Plan may appeal the denial within 30 days after service of the denial. An Employee may also appeal if he or she does not receive notice denying benefits within 30 days after the claim was sent to the Voluntary Plan. In such cases, the Employee must file the appeal after 30 days and within 60 days from the date the claim was sent to the Voluntary Plan. In both cases of denial and lack of notice of denial, the Employee must send the appeal to the Employment Development Department for processing. The Employment Development Department generally does not attend this type of hearing. CUI Section 2707.2; CCR, Title 22 Section 5007(c).

Written appeals must be signed and shall include the Employee's name and Social Security number, as well as the name of the Employer and the reason for filing the appeal.

Appeals for the denial of disability benefits may be sent any Employment Development Department office. Appeals for the denial of the Paid Family Leave benefits must be sent to: Paid Family Leave, PO BOX 997017, Sacramento, CA 95799-7017.

An Employee may elect to continue to receive Disability or Paid Family Leave benefits pending the outcome of a timely appeal to an administrative law judge if the Employee:

1. submits a signed promise to the Voluntary Plan to repay benefits if an Administrative Law Judge rules you are not entitled to further benefits;
2. submits continued certification as required pending the decision; and
3. is otherwise eligible to receive benefits.

This option is not applicable to claims on which the initial determination was a complete denial and no benefits were paid.

An Employee, the Employment Development Department, or the Plan may appeal a denial of coverage for Disability or Paid Family Leave within thirty (30) days of the date the notice of denial was mailed. In disputed coverage cases in which a denial of coverage is not furnished, an appeal will be filed after twenty-five (25) days and within fifty-five (55) days from the date the appellant sends a request for payment of benefits to the Employment Development Department or Plan. If eligible, the Employee will be paid benefits by the plan that initially received the claim, pending disposition of the disputed coverage appeal (CCR, Title 22 Section 5007(b)).

This is a Summary Statement of coverage of the Plan. The Plan Document actually governs the Plan and describes all of the provision in more detail. Capitalized words and terms are defined in the Plan Document. A copy of the Plan Document is available for review by contacting your Benefits Department.