

**Riverbed Technology
Voluntary Disability Insurance Plan
Individual Election Form**

Riverbed offers a Voluntary Disability Insurance Plan, which is the State authorized replacement for participation in the California State Disability Insurance (SDI) Plan. The Plan effective date is 10/01/2010.

I accept participation

I understand, that by participating in the program, I will:

- never be required to pay more for the Voluntary Disability Insurance Plan than I would be required to pay for the State Plan coverage.
 - always receive the same or better benefits under the Voluntary Plan than I would receive under the State Plan.
 - maintain my right to discontinue my participation in the future and return to State Plan coverage.
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I reject participation

I understand, that by rejecting participation in this program, I will:

- reject the better benefits under the Plan
 - be required by State Law to participate in the California State Disability (SDI) Plan and continue to pay the State Plan contributions
 - not receive supplemental STD benefits from Riverbed Technology
 - maintain my right to participate in the Riverbed Technology California Voluntary Plan at some future date, and I understand coverage in the California Voluntary Plan will not commence until the first day of the next calendar quarter following such election.
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(Signature)

(Print first & last name)

(SSN)

(Date)