

Riverbed Technology, Inc. California Voluntary Disability Plan (VDI)

All working CA residents are required to pay into a disability plan. There is no option to opt out of disability insurance coverage.

Employees either pay into the California State Disability Insurance (CA SDI) Plan as a tax deduction, or Riverbed employees have the option to contribute into the company Voluntary Disability Insurance (VDI) Plan.

Enrollment in Riverbed's VDI Plan is a replacement for your participation in the CA SDI Plan.

Effective January 1, 2015, CA employees are automatically enrolled in the Riverbed VDI Plan, unless a request is made in writing to reject the coverage.

The benefit to employees is twofold:

- The VDI Plan provides a higher benefit payout in the event of a disability claim.
- Effective January 1, 2015, the VDI contribution will be lower than that of the CA SDI Plan.

For 2015, the CA SDI contribution rate is 0.90% of the first \$104,378 in earnings. For the **VDI Plan, the contribution rate is 0.75%** of the first \$104,378 in earnings.

The 2015 maximum weekly benefit under the CA SDI Plan is \$1,104. Benefits under the VDI Plan are more generous:

- 60% of your regular wages for up to 90 days, subject to a weekly maximum of \$3,462.
- Thereafter, a benefit of 55% of your regular wages to a weekly maximum of \$1,104.

As all CA employees are automatically enrolled, employees wishing to **reject** the Riverbed VDI plan coverage must do so **in writing** by completing and submitting the attached VDI Rejection Notice form.

For more information on the VDI Plan highlights, please contact the helpdesk at HRHelp@riverbed.com or visit [Twiki](#).

California Voluntary Disability Plan

Rejection Notice

I hereby reject my right to participate in the [Employer] Voluntary Disability Plan effective _____. I also reject the better benefits under the Plan. I understand that I am required by State Law to continue to participate in the California State Disability (SDI) Plan and to continue to pay the State Plan contributions.

I further understand that should I elect to participate in the [Employer] Voluntary Disability Plan at some future date, my coverage will not commence until the first day of the next calendar quarter following such election.

(Printed Name of Employee)

(Social Security Number)

(Signature of Employee)

(Date)

Rejection Notice