

## CT PAID FAMILY MEDICAL LEAVE INSURANCE PROGRAM

### INTRODUCTION

The State of Connecticut created the Paid Family & Medical Leave Insurance Program to provide wage replacement benefits to eligible employees who need to take leave from work for reasons allowed under the Connecticut Family and Medical Leave Act (CT FMLA) or the family violence leave law, specifically:

- Because of their own serious health condition;
- To care for a family member with a serious health condition;
- To bond with a newborn baby, newly adopted child or newly placed foster child;
- To care for a family member who became ill or was injured in the course of duty while on active duty in the military;
- To address specific issues associated with a parent, spouse, or child's active duty in the military
- To address specified needs associated with family violence.

The CT Paid Family & Medical Leave Insurance Program is run by the CT Paid Leave Authority and is funded by contributions of ½ of 1% of the wages of employees working in Connecticut. Starting on January 1, 2022, employees may apply to the CT Paid Leave Authority for wage replacement benefits.

As an alternative to the CT Paid Family & Medical Leave Insurance Program, an employer can apply to the CT Paid Leave Authority for permission to offer its employees a private plan.

For a private plan to be approved, it must provide its employees with all of the same rights, protections and benefits that are provided to employees under the Connecticut Paid Family & Medical Leave Insurance Program and comply with the requirements established by the Connecticut Paid Leave Authority. An employee's rights under the CT FMLA and the family violence leave law are the same, whether or not the employee receives income replacement benefits through the Paid Family & Medical Leave Insurance Program or through an employer-provided private plan.

In order to apply for permission to offer a private plan, the employer must show that a majority of its employees working in Connecticut voted to approve the proposed private plan.

You are receiving this information because your employer wants to apply to the CT Paid Leave Authority for permission to offer its employees a private plan.

EXPLANATION OF THE PRIVATE PLAN

<p>What does this Plan do?</p>	<p>The Plan is an Adobe Inc.-sponsored benefit plan that provides compensation to eligible employees who take leave from work for a “qualifying reason,” as defined below.</p> <p>Adobe Inc. is offering this Plan as an alternative to the publicly administered Connecticut Paid Family &amp; Medical Leave Insurance Program and will work in conjunction with Adobe Inc. leave of absence policies.</p> <p>Adobe Inc. certifies that this Plan gives its employees all of the same rights, protections and benefits provided to employees under the CT Paid Family &amp; Medical Leave Insurance program. Adobe also certifies that this Plan provides the following rights, protections or benefits that are greater than those required by CT law: 100% base pay (TTC for commissioned employees) for a portion of medical and family care leaves.</p>
<p>Who is covered by this Plan?</p>	<p>All employees of Adobe Inc. working in Connecticut are covered by this Plan:</p> <ul style="list-style-type: none"> <li>• The Plan is <b>not</b> limited to certain segments of the Adobe Inc.’s workforce.</li> </ul> <p>The Plan covers future employees, not just employees who were working for Adobe Inc. at the time of the vote.</p> <p>The Plan covers former employees of Adobe Inc. for up to 12 weeks from the date they separated from Adobe Inc. or until they are hired by a new employer, whichever comes first:</p> <ul style="list-style-type: none"> <li>• Former employees are covered no matter why they left Adobe Inc.</li> </ul>
<p>What are the benefits provided under this Plan?</p>	<p>An eligible employee who is unable to work because of one of the “qualifying reasons” listed below, will receive income replacement benefits from the Plan to replace the lost wages.</p> <p>The weekly compensation offered to you shall be equal to ninety-five percent of your base weekly earnings (capped at the Social Security contribution base, <i>currently \$137,700</i>) up to an amount equal to forty times the Connecticut minimum wage. If you earn more than that amount, then you shall receive additional benefits equal up to sixty percent of your base weekly earnings.</p> <p>You will also be topped up to 100% of your base salary (TTC for</p>

	<p>commissioned employees) according to the applicable Adobe leave policy.</p> <p>In all circumstances, the total weekly compensation shall not exceed an amount equal to sixty times the Connecticut minimum wage.</p> <p>Adobe Inc. does not require you to use employer-provided accruals to supplement the income replacement benefits provided under this plan.</p>
<p>Does this Plan provide me with job-protected leave if I need time away from work?</p>	<p>An employee’s rights to job protection under state and federal law are the same, whether the employee receives income replacement benefits through the Paid Family &amp; Medical Leave Insurance Program or through an employer-provided private plan. While the Plan itself does not provide job protection, in most cases, employees receiving income replacement benefits under this law will also be entitled to job protection under a separate law called the CT FMLA. For more information about the CT FMLA, please consult the Connecticut Department of Labor.</p>
<p>Who is an “eligible employee” to receive income replacement benefits under this Plan?</p>	<p>Any employee of Adobe Inc. who is working in Connecticut and has earned at least \$2,325 in the highest earning quarter in the first 4 of the past 5 quarters is eligible to receive income replacement benefits from the Plan.</p>
<p>What are the “qualifying reasons” that I can receive income replacement benefits?</p>	<p>If you meet the eligibility requirements, you can receive income replacement benefits if you need to take time off from work for any of the following reasons:</p> <ul style="list-style-type: none"> <li>• To care for yourself because of your own serious health condition, including pregnancy and organ or bone marrow donation</li> <li>• To care for a family member with a serious health condition <ul style="list-style-type: none"> <li>○ “Family member” means your parent, spouse, son, daughter, sibling, grandparent, grandchild, or individual related to the employee by blood or affinity whose close association the employee shows to be the equivalent of those family relationships.</li> </ul> </li> <li>• To bond with a newborn child, newly adopted child or newly placed foster child</li> <li>• To address specific issues associated with a parent, spouse or child’s active duty in the military</li> <li>• To care for a family member who became ill or was injured on active duty in the military</li> <li>• To address specified needs associated with family violence</li> </ul>

<p>What is the maximum amount of time I can receive income replacement benefits?</p>	<p>The Plan will provide up to 12 weeks of income replacement benefits within a 12-month period for the reasons listed above, with the following exceptions:</p> <ul style="list-style-type: none"> <li>• The Plan provides for two additional weeks of income replacement benefits for a serious health condition resulting in incapacitation that occurs during a pregnancy. An employee can receive income replacement benefits for a maximum of 12 days out of the 12 weeks if the reason for leave is to address specific needs associated with family violence.</li> </ul>
<p>Do I have to be out of work for a certain amount of time before I can receive income replacement benefits under the Plan?</p>	<p>No. There is no waiting period. An eligible employee may receive income replacement benefits under this Plan on the first day the employee is unable to work because of one of the “qualifying reasons” listed above.</p>
<p>Can I receive income replacement benefits for absences of less than a full week?</p>	<p>Yes. The Plan provides income replacement benefits to employees who need to take time off from work for periods of time that are less than a full week.</p> <p>Benefits can be received on a pro-rated basis for absences that are less than a full day.</p> <p>Under the CT FMLA, there are rules regarding when an employee can take job-protected leave for less than a full week. This Plan does not change those rules.</p>
<p>Do I have to pay for these benefits?</p>	<p>Employees contribute ½ of 1% up to the defined Social Security wage base to pay for this Plan.</p>
<p>How will I apply for income replacement benefits?</p>	<p>To file for a leave of absence, contact Lincoln Financial’s intake specialists at 800-459-3772 or file a claim online at <a href="http://www.mylincolnportal.com">www.mylincolnportal.com</a> Claim ID: ADOBELOA. To contact your case manager on an open claim, call 888-873-5476 or email <a href="mailto:adobeadmin@lfg.com">adobeadmin@lfg.com</a>.</p>
<p>What is a “serious health condition”?</p>	<p>For the purpose of determining if you are entitled to income replacement benefits because of your own serious health condition or to care for a family member with a serious health condition, “serious health condition” means an illness, injury, impairment, or physical or mental condition that involves (A) inpatient care in a hospital, hospice, nursing home or residential medical care facility; or (B) continuing treatment, including outpatient treatment, by a health care provider.</p>

<p>Who counts as a health care provider?</p>	<p>In order to qualify for income replacement benefits because you need to take time away from work because of your own serious health condition or to care for a family member with a serious health condition, you may need to provide medical documentation from a health care provider.</p> <p>The Plan shall accept any of the following as a “health care provider”:</p> <ul style="list-style-type: none"> <li>• A doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the state in which the doctor practices;</li> <li>• A podiatrist, dentist, psychologist, optometrist or chiropractor authorized to practice by the state in which such person practices and performs within the scope of the authorized practice;</li> <li>• An advanced practice registered nurse, nurse practitioner, nurse midwife or clinical social worker authorized to practice by the state in which such person practices and performs within the scope of the authorized practice;</li> <li>• A Christian Science practitioner listed with the First Church of Christ, Scientist in Boston, Massachusetts;</li> <li>• Any health care provider from whom an employer or a group health plan's benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits;</li> <li>• A health care provider as defined above who practices in a country other than the United States, who is licensed to practice in accordance with the laws and regulations of that country; or</li> <li>• Such other health care provider as the Labor Commissioner determines, performing within the scope of the authorized practice.</li> </ul>
<p>Can I have income taxes deducted from any benefits I receive?</p>	<p>Yes, if you request to have income taxes deducted from the income replacement benefits you receive, the amount specified shall be deducted and withheld in a manner consistent with state law.</p>
<p>My spouse and I work for the same employer. Will we have to share income replacement benefits?</p>	<p>No. Spouses working for the same employer are each entitled to compensation under this Plan; they do not have to share the number of weeks of compensation. (It should be noted, however, that the federal FMLA and state FMLA do require spouses who work for the same employer to share their job-protected leave entitlements.)</p>
<p>What rights do I have if I am denied income replacement benefits?</p>	<p>You are entitled to appeal any denial of benefits to <i>Lincoln Financial</i>. If you are not satisfied with the results of that appeal, you may file an appeal with the Connecticut Department of Labor.</p>
<p>Who at my employer may I contact if I have</p>	<p>If you have additional questions about this Plan, contact Lincoln Financial at <a href="mailto:adobeadmin@lfg.com">adobeadmin@lfg.com</a>.</p>

questions about this Plan?

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