YOUR GROUP
SHORT-TERM DISABILITY BENEFITS

FOR EMPLOYEES OF:

Aristocrat Technologies, Inc.

CLASS(ES):

All Eligible Employees excluding New Jersey

REVISION EFFECTIVE DATE:

January 1, 2025

PUBLICATION DATE:

October 8, 2024

NOTICE(S)

THIS BOOKLET DESCRIBES THE BENEFITS THAT ARE AVAILABLE TO YOU. PLEASE READ YOUR BOOKLET CAREFULLY.

Group Number: G000BML6

This Booklet describes Your employer's Employee Benefits Plan. Short-Term Disability Benefits are administered in accord with Your employer's self-funded Plan of Benefits. Claims are paid in accord with an Administrative Services Agreement between United of Omaha and Your employer.

If You have any questions about or concerns with this coverage, please first contact Your employer or Your benefits administrator. If, after doing so, You still have a question or concern, You may contact United of Omaha at:

United of Omaha Life Insurance Company
Mutual of Omaha Plaza
Omaha, Nebraska 68175
Call Toll-Free: 1-800-877-5176
www.mutualofomaha.com

When contacting United of Omaha, please have Your Booklet number available.

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SELF-FUNDED BOOKLET OF COVERAGE

UNITED OF OMAHA LIFE INSURANCE COMPANY

Home Office:
Mutual of Omaha Plaza
Omaha, Nebraska 68175

Short-Term Disability Benefits are self-funded by Aristocrat Technologies, Inc.. Claims are administered in accord with the Administrative Services Agreement GUSI-BML6 between United of Omaha and by Aristocrat Technologies, Inc., herein referred to as Our, We or Us.

Coverage is provided for Our Employees subject to the terms and conditions of this Booklet.

Please read this Booklet carefully. The benefits described in this Booklet are effective only if You are eligible for the coverage, become covered and remain covered as described in this Booklet and according to the terms and conditions of the Plan.

If the provisions of this Booklet and those of the Plan do not agree, the provisions of the Booklet will apply.

This Booklet replaces any booklet previously issued under the Plan.

SCHEDULE

This Schedule describes some of the terms and conditions of the Plan including, but not limited to, the maximum amounts of benefits payable under the Plan, exclusions, and limitations. For a complete description of the terms and conditions of the Plan, refer to the appropriate section of this Booklet.

A person is not necessarily entitled to coverage under the Plan because he or she received this Schedule. A person is only entitled to coverage if he or she is eligible in accordance with the terms of this Booklet. Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Plan.

PLAN INFORMATION

Group Name:	Aristocrat Technologies, Inc.
Plan Effective Date:	January 1, 2020
Plan Anniversary:	January 1
Plan Number:	GUSI-BML6
Group Number:	G000BML6
Classification:	All Eligible Employees excluding New Jersey
Minimum Work Hours Required:	30 hours per week
Eligibility Present Waiting Period:	None
Eligibility Future Waiting Period:	None
When Coverage Begins:	the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Booklet.
Elimination Period:	
Injury:	0 calendar days
Sickness:	7 calendar days
First Day Hospital Confinement/Outpatient:	Included

BENEFITS

Weekly Benefit Percentage:	66 2/3%
Maximum Weekly Benefit:	$2,500
Minimum Weekly Benefit:	$25
Maximum Benefit Period:	26 weeks
Vocational Rehabilitation Benefit:	10%

DEFINITIONS

The definitions set forth below shall apply to both the singular and plural versions of the defined term.

Basic Weekly Earnings for salaried Employees means Your gross annual salary from Us in effect on the day immediately prior to the date on which Your Disability began, divided by 52.

Basic weekly earnings for hourly Employees means Your hourly rate of pay from Us in effect on the day immediately prior to Your Disability multiplied by the average number of hours You worked per week, not including overtime, during the 12 month period immediately prior to the date on which Your Disability began. If You were employed with Us for a period of less than 12 months, basic weekly earnings means Your hourly rate of pay multiplied by the average number of hours You worked per week during that period, not including overtime.

Basic weekly earnings is verified by United of Omaha.

Basic weekly earnings includes Employee contributions to Deferred Compensation plans received from Us.

Basic weekly earnings does not include commissions, bonuses, overtime pay, Our contributions to Deferred Compensation plans, Differentials, and other extra compensation received from Us.

Proof of Earnings is required.

Differentials mean additional compensation You receive from Us for time or duties beyond those normally required or to accommodate specific working conditions, including, but not limited to:

a) shift differentials;
b) hazardous duties differentials;
c) pay for longevity;
d) on-call pay;
e) lead nurse differentials;
f) English as a Second Language (ESL) differentials;
g) charge pay;
h) weekend differentials;
i) coaching and other extra curricular activities compensation; and
j) on-call differentials.

Hospital Confined means a Medically Necessary inpatient Hospital stay of 24 consecutive hours or more for the purpose of receiving any type of medical service.

Other Income Source(s) has the meaning set forth in the Other Income Sources provision of this Schedule.

Outpatient Surgery means a Medically Necessary surgical procedure performed on an outpatient basis in a medical facility or Hospital.

Recurrent Disability means a Disability which is caused by, attributable to, or resulting from the same Injury or Sickness that caused the prior Disability for which You received a Weekly Benefit under the Plan.

Reimbursement Agreement means the written agreement that United of Omaha provides to You under which You agree to repay any overpayment resulting from Your or Your Spouse's or child(ren)'s receipt of Other Income Sources.

Social Security Normal Retirement Age (SSNRA) means Your normal retirement age under the U. S. Social Security Act in effect as of the date of Your Disability.

ELIMINATION PERIOD

If Your Disability is a result of an Injury, there is no Elimination Period. Benefits will begin immediately. If Your Disability begins more than 7 calendar days after Your Injury date, the Elimination Period for Sickness will apply.

If Your Disability is a result of a Sickness, the Elimination Period is 7 calendar days.

The Elimination Period begins on the first day of Disability. The Elimination Period can be satisfied if You are working.

FIRST DAY HOSPITAL CONFINEMENT AND OUTPATIENT SURGERY

If You are Hospital Confined due to the Injury or Sickness that caused Your Disability, the Elimination Period does not apply and benefits begin on the first day of confinement.

If You receive Outpatient Surgery and United of Omaha determines Your recovery from that surgery requires You to be Disabled for a minimum of five calendar days, benefits begin on the day of the Outpatient Surgery.

RECURRENT DISABILITY

A Recurrent Disability will be treated as part of Your prior claim and You will not be required to satisfy a new Elimination Period if:

a) You were continuously covered under the Plan from the date benefits ended for Your prior claim to the date Your Recurrent Disability begins; and
b) Your Recurrent Disability occurs within 180 days after the date benefits ended for Your prior claim.

In order to prevent over-coverage because of duplication of benefits, benefits payable under this Recurrent Disability provision will cease if benefits are payable to You under any other sponsored group long-term disability income policy or plan sponsored by Us.

WEEKLY BENEFIT

When less than one week of Disability benefits is due, a pro rata benefit will be paid for each day of Disability. This pro rata benefit will be equal to 1/7th of Your Weekly Benefit.

Total Disability

If You are Disabled and earning less than 20% of Your Basic Weekly Earnings, the Weekly Benefit while Disabled is the lesser of:

a) 66 2/3% of Your Basic Weekly Earnings, less Other Income Sources; or
b) the Maximum Weekly Benefit, less any Other Income Sources.

Partial Disability

If You are Disabled and You are able to generate Current Earnings of at least 20% and not more than 99% of Your Basic Weekly Earnings, the Weekly Benefit payable will be the Weekly Benefit for Total Disability, unless the sum of:

a) the Gross Weekly Benefit while You are Disabled; plus
b) Other Income Sources You receive or are eligible to receive; plus
c) Current Earnings while You are Disabled

exceeds 100% of Your Basic Weekly Earnings. If this sum exceeds 100% of Your Basic Weekly Earnings, the Weekly Benefit will be reduced by the amount in excess of 100% of Your Basic Weekly Earnings.

MINIMUM BENEFIT

If subtracting Other Income Sources from Your Gross Weekly Benefit results in a zero benefit, a Weekly Benefit of $25 will be paid, unless United of Omaha reduces the Weekly Benefit to recover an overpayment. If United of Omaha reduces the Weekly Benefit to recover an overpayment, Your Weekly Benefit may be reduced to zero until United of Omaha fully recovers the overpayment.

VOCATIONAL REHABILITATION BENEFIT

While You are participating in a plan of vocational rehabilitation approved by United of Omaha, Your Weekly Benefit will be increased by 10%.

MAXIMUM BENEFIT PERIOD

The maximum number of weeks that benefits are payable for a continuous period of Disability is 26 weeks.

OTHER INCOME SOURCES

United of Omaha takes into account the total of all Your income from other sources of income in determining the amount of Your Weekly Benefit. Your Other Income Sources are any of the following amounts that You receive or are eligible to receive as a result of Your Disability or the Sickness and/or Injury that caused, in whole or in part, Your Disability:

a) Any amount under another group or individual short-term or long-term disability insurance policy or plan for which We have paid any part of the cost, except any group short-term or long-term disability insurance policy or plan underwritten by United of Omaha Life Insurance Company.
b) Any amount as disability income payments under any:
    1. state compulsory benefit act or law;
    2. government retirement system as a result of Your job with Us; or
    3. work loss provision in a no-fault motor vehicle insurance plan, unless state law or regulation does not allow group disability income benefits to be reduced by benefits from no-fault motor vehicle coverage.
c) Any amount of benefits under Our Retirement Plan. Benefits payable before the plan's normal retirement age are considered Other Income Sources only if You voluntarily elect to receive these benefits.
d) Any benefits for You or Your Spouse and Dependent Child under:
    1. the Canada Pension Plan;
    2. the Quebec Pension Plan;
    3. the Railroad Retirement Act;
    4. any public employee retirement plan;
    5. any teachers employment retirement plan; or
    6. any similar plan or act that provides:
        a. Disability benefits; or
        b. retirement benefits (except this will not apply if Your Disability begins after Your Social Security Normal Retirement Age and You were already receiving Social Security retirement benefits. This exception only applies to U.S. Social Security Benefits).
e) Any amount payable as:
    1. salary continuance, except
        a. paid time off (PTO) that is not specified as sick leave;
        b. vacation;
        c. any earned time off program;
    2. sick leave; or
    3. severance allowance.
f) Any amount from a third party (after subtracting attorneys' fees) by judgment, settlement or otherwise.
g) Any amount from any unemployment coverage law or program.

EXPLANATION OF OTHER INCOME SOURCES

You must apply for and pursue Other Income Sources for which You are or may become eligible, including but not limited to Social Security disability and/or dependent benefits, and do what is needed to obtain them. If Your application or claim for Other Income Sources is denied, United of Omaha may require that You appeal the decision to a level that is satisfactory to United of Omaha and provide written proof of all levels of appeal.

As part of Your proof of Disability, United of Omaha requires that You furnish evidence to United of Omaha that You have applied for and pursued Other Income Sources for which You are or may become eligible.

After the initial reduction for each type of Other Income Source, United of Omaha will not further reduce Your Weekly Benefit due to any cost of living increases payable under such type of Other Income Source.

Other Income Sources that are paid in a lump sum will be prorated on a weekly basis over a period for which the sum is given. If no time period is stated, the sum will be prorated on a weekly basis over the lesser of the following:

a) the Plan's Maximum Benefit Period; or
b) 12 equal payments.

If Other Income Sources are paid on a retroactive basis, United of Omaha may reduce or suspend the Weekly Benefit to recover any overpayment.

Regardless of how funds from a Retirement Plan are distributed, United of Omaha will consider Your contributions and Our contributions to be distributed simultaneously during Your lifetime.

United of Omaha will pay the full amount of the Weekly Benefit if You:

a) apply for Other Income Sources; and
b) sign the Reimbursement Agreement.

Until You have signed the Reimbursement Agreement provided to You and have given written proof that application has been made or all available appeals have been exhausted for Other Income Sources, Your Weekly Benefit may be reduced by the estimate of Your Other Income Sources.

If Your Weekly Benefit has been reduced on this basis, and if all of Your appeals are denied, Your Weekly Benefit amount will be restored and any underpayment will be paid to You in a lump sum.

ELIGIBILITY

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of this Booklet.

DEFINITIONS

The definitions set forth below shall apply to both the singular and plural versions of the defined term.

Actively Working, Active Work means an Employee is performing the normal duties of his or her Regular Job for Us on a regular and continuous basis 30 or more hours each week. An Employee will be considered to be actively working on any day that is a regular paid holiday or day of vacation, or regular or scheduled non-working day, provided the Employee was actively working on the last preceding regular work day.

Prior Plan means any group disability plan or individual worksite disability plan of benefits:

a) replaced by coverage under part or all of the Plan; and
b) in effect and maintained or sponsored by Us on the day before the Plan Effective Date.

Written Request means a request that is signed, dated and submitted to Us.

WHEN AN EMPLOYEE BECOMES ELIGIBLE FOR COVERAGE

An Employee who is Actively Working on the Plan Effective Date becomes eligible for coverage under the Plan on the Plan Effective Date.

An Employee who is hired after the Plan Effective Date becomes eligible for coverage under the Plan on the day the Employee begins Active Work.

The day on which an Employee becomes eligible for coverage under the Plan may not be the same as the day on which coverage begins. The When Coverage Begins provision describes the day on which coverage begins.

CONTINUITY OF COVERAGE UPON TRANSFER OF COVERAGE CARRIER

If You are not Actively Working on the Plan Effective Date due to Injury or Sickness, upon payment of the premium, You will be covered under the Plan if You:

a) were covered under a Prior Plan on the day before the Plan Effective Date; and
b) resume Active Work.

WHEN COVERAGE BEGINS

An eligible Employee will become covered on the day the Employee begins Active Work.

If the Employee is not Actively Working on the day coverage would otherwise begin, coverage will begin on the day the Employee returns to Active Work.

EXCEPTIONS TO WHEN COVERAGE BEGINS

This provision does not apply if the Employee is eligible for coverage under the Continuity of Coverage Upon Transfer of Coverage Carrier provision.

Coverage for an Employee who has an Injury or Sickness and is confined:

a) in a Hospital as an inpatient;
b) in any institution or facility other than a Hospital; or
c) at home and under the care or supervision of a Physician;

on the day coverage is to begin will not take effect until the day the Employee returns to Active Work.

CHANGES TO COVERAGE OR BENEFITS

Any allowable change in Your classification or amount of coverage, whether requested by You or Us, or as a result of the terms of the Plan, will take effect on the first day of the month that follows the date of the request or the change.

WHEN COVERAGE ENDS

Coverage will end on the earliest of the day:

a) You are no longer eligible for coverage under the Plan;
b) You begin active duty in the Armed Forces, National Guard or Reserves of any state or country (except for temporary active duty of 31 days or less);
c) the Plan terminates; or
d) coverage ends in accordance with the Grace Period provision.

If You are Disabled on the day the Plan terminates, benefits will continue subject to the When Benefits End provision located in the Benefits section.

EXCEPTIONS TO WHEN COVERAGE ENDS

If coverage for You ends but the Plan is in effect, You may be able to continue or obtain coverage under one of the following provisions:

a) Continuation of Coverage During Disability
b) Continuation of Coverage Under the Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA)

CONTINUATION OF COVERAGE DURING DISABILITY

If You become Disabled, Your coverage will continue with payment of premium for as long as You are entitled to receive Weekly Benefits.

CONTINUATION OF COVERAGE UNDER THE FAMILY MEDICAL LEAVE ACT (FMLA) AND UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

The federal Family Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of coverage in certain instances for leaves of absence, layoff or termination. Contact Us for additional information regarding any other continuation options that may be available.

SHORT-TERM DISABILITY BENEFITS

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of this Booklet.

DEFINITIONS

The definitions set forth below shall apply to both the singular and plural versions of the defined term.

Good Cause means documented physical or mental impairments that:

a) render You incapable of rehabilitation;
b) interfere with a medical program You are currently participating in; or
c) conflict with any other program You are participating in that will enable You to return to active employment.

Participation in a Riot means actively participating in a tumultuous disturbance of the peace by three or more persons assembling together of their own authority with intent to mutually assist one another in an illegal or legal act.

SHORT-TERM DISABILITY BENEFITS

If You become Disabled due to an Injury or Sickness, while covered under the Plan, United of Omaha will pay the Weekly Benefit shown in the Schedule in accordance with the terms of the Plan. Benefits will begin after You satisfy the Elimination Period shown in the Schedule.

VOCATIONAL REHABILITATION PROVISION

If You are Disabled and are receiving Disability benefits as provided by the Plan, You may be eligible to receive vocational rehabilitation services. These services include, but are not limited to:

a) worksite modification and/or special equipment;
b) job placement;
c) retraining; and
d) other services reasonably necessary to help You return to work.

While You are participating in a plan of vocational rehabilitation approved by United of Omaha, Your Weekly Benefit will be increased by a percentage as shown in the Schedule.

Eligibility for vocational rehabilitation services is based on Your education, training, experience and physical/mental capabilities. Before vocational rehabilitation services will be considered:

a) Your Disability must not allow You to perform Your Regular Job;
b) You must have the physical and mental capability to complete a rehabilitation program; and
c) there must be reasonable expectation that rehabilitation services will help You return to active employment.

United of Omaha will develop an Individual Written Rehabilitation Plan (IWRP), which may include input from You, Your Physician and Us. The IWRP will describe:

a) the vocational rehabilitation goals and services;
b) the responsibilities of United of Omaha, You and any third parties associated with the IWRP;
c) the times and dates of the vocational rehabilitation services; and
d) all costs associated with the services.

Either United of Omaha, Your Physician, or You may initiate consideration for Your participation in vocational rehabilitation. Failure to participate without Good Cause will result in reduction or termination of Disability benefits. Reduction of benefits will be based on Your income potential if You were employed after a vocational rehabilitation program.

United of Omaha will make the final determination of any vocational rehabilitation services provided, eligibility for participation and any continued benefit payments.

While You are a participant in an IWRP, Weekly Benefits will continue to be payable. Eligibility for continued Weekly Benefits will be assessed at the completion of the IWRP.

WHEN BENEFITS END

Benefits will be paid during a period of Disability until the earliest of the day:

a) You are no longer Disabled;
b) You die;
c) on which the Maximum Benefit Period ends as shown in the Schedule;
d) You fail to provide United of Omaha satisfactory proof of continuous Disability;
e) You fail to provide United of Omaha satisfactory Proof of Earnings;
f) You have been incarcerated or imprisoned for 31 days or longer;
g) You fail to comply with United of Omaha's request to be examined by a Physician and/or vocational rehabilitation expert of United of Omaha's choice;
h) You are not under Regular and Appropriate Care and Treatment for the Injury or Sickness that caused the Disability; or
i) You are able to return to work with Us on a part-time or Full-Time basis and do not do so.

If You are eligible to receive Disability payments on the day the Plan ends, benefits will continue subject to all other Plan provisions.

EXCLUSIONS

The Plan will not pay benefits for any Disability which:

a) results from an act of declared or undeclared war or armed aggression;
b) results from Your Participation in a Riot or Your commission of or attempt to commit a felony or any type of assault or battery;
c) arises out of or in the course of employment with Us for which You are entitled to benefits under any workers' compensation or occupational disease law, or receives any settlement from the workers' compensation carrier;
d) results, whether You are sane or insane, from:
    1. an intentionally self-inflicted Injury or Sickness; or
    2. attempted suicide;
e) occurs while You are incarcerated or imprisoned for any period exceeding 31 days; or
f) is solely a result of a loss of a professional license, occupational license, or certification.

PAYMENT OF CLAIMS

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of this Booklet.

HOW TO OBTAIN PLAN BENEFITS FOR DISABILITY OR OTHER LOSS

Forward the completed claim form for Disability or other benefits to:
United of Omaha Life Insurance Company
Group Disability Management Services
Mutual of Omaha Plaza
Omaha, Nebraska 68175

You will be responsible for any fees charged by Your Physician for completing a claim form.

CLAIM ASSISTANCE

For assistance with filing a claim or an explanation of how a claim was paid, contact:
United of Omaha Life Insurance Company
Group Disability Management Services
Mutual of Omaha Plaza
Omaha, Nebraska 68175
Call Toll-Free: 1-800-877-5176

PROOF OF DISABILITY

A claim form can be requested from the Plan Administrator, Us, United of Omaha or obtained on United of Omaha's website. A request for a claim form should be made within 20 days after a Disability occurs or as soon as reasonably possible.

If You do not receive a claim form within 15 days of Your request, You can provide a written or verbal statement to United of Omaha, stating:

a) that You are under the Regular and Appropriate Care and Treatment of a Physician;
b) the appropriate documentation of Your job duties at Your Regular and Your Basic Weekly Earnings;
c) the date Your Disability began;
d) the cause of your Disability;
e) any restrictions and limitations preventing You from performing Your Regular ; and
f) the name and address of any attending Physician, Hospital or institution where You received treatment.

A completed claim form and other information needed to prove loss must be submitted to United of Omaha within 90 days after the end of the Elimination Period.

Failure to furnish such proof within this time period shall not invalidate nor reduce any claim if:

a) it was not reasonably possible to give proof within that 90-day period; and
b) proof is furnished as soon as reasonably possible, but not later than one year after the end of the Elimination Period, unless You or Your beneficiary are not legally capable.

Proof of continued Disability, Regular and Appropriate Care and Treatment of a Physician and any Other Income Sources must be given to United of Omaha, upon request. This proof must be received within 45 days of the request. If it is not, benefits may be denied or suspended.

ADDITIONAL SUPPORTING INFORMATION FOR DISABILITY AND OTHER CLAIMS

United of Omaha may occasionally require You to be examined by a Physician or vocational rehabilitation expert of their choice to assist in determining whether benefits are payable. You will not be required to pay for these examinations; however, You may be responsible for fees associated with failure to notify the examination office of Your appointment

cancellation within the required amount of time specified by the examiner. United of Omaha may recover this fee by reduction of benefits that are payable. No more than a reasonable number of examinations will be required.

Disability and other benefits will be paid after United of Omaha receives acceptable proof of loss. Benefits will be paid only if United of Omaha determines that the claimant is eligible for benefits and Disabled and United of Omaha determines if the claimant is entitled to benefits under the terms of the Plan. United of Omaha may require supporting information which may include, but is not limited to, the following:

a) clinical records;
b) charts;
c) x-rays;
d) Proof of Earnings; and
e) other diagnostic aids.

MODE OF PAYMENT FOR DISABILITY

Disability benefits will be paid by United of Omaha after acceptable proof of Disability is received. Benefits will be paid to You, except benefits unpaid at Your death may be paid, at United of Omaha's option, to:

a) Your Eligible Survivor; or
b) Your estate.

REFUND TO UNITED OF OMAHA

If it is found that United of Omaha paid more benefits than they should have paid under the Plan, United of Omaha has the right to a refund from You or the recipient of benefits.

United of Omaha also has a right to a refund for any payments due to:

a) fraud or misrepresentation;
b) any error United of Omaha makes in processing a claim; or
c) Your receipt of Other Income Sources.

You or the recipient of benefits must reimburse United of Omaha in full. United of Omaha will determine the method by which the repayment is to be made, including without limitation, reducing or withholding any future benefits payable to You under the Plan, until the overpayment is fully recovered.

AUTHORITY TO INTERPRET PLAN

Except as otherwise set forth in the Claim Review and Appeal Procedures, We have delegated to United of Omaha, its parent, subsidiaries and affiliates full discretion and authority to construe and interpret the Plan with respect to all questions regarding the amount and payment of any Plan benefits in accordance with the terms of the Plan and in accordance with the terms of ERISA, if applicable. Except as otherwise set forth in Claim Review and Appeal Procedures, benefits under the Plan are payable only if United of Omaha decides in its discretion that benefits are payable under the Plan. In making any decision, United of Omaha will rely on the accuracy and completeness of any information furnished by Us, a Participant and/or by any health care providers. United of Omaha's interpretation of the Plan as to the amount and payment of benefits under the Plan shall be binding and conclusive on all persons.

CLAIM REVIEW AND APPEAL PROCEDURES

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of this Booklet.

DEFINITIONS

The definitions set forth below shall apply to both the singular and plural versions of the defined term.

Adverse Benefit Determination means a denial, reduction, or termination of a benefit or a failure to provide or make payment (in whole or in part) for a benefit. This includes, without limitation, any such denial, reduction or termination of a benefit, or failure to provide or make payment, that is based upon ineligibility for coverage under the Plan.

Claimant means the person who submits a claim for benefits under the Plan, including the authorized representative of such person.

CLAIM REVIEW PROCEDURES

Once United of Omaha receives information necessary to evaluate the claim, they will make a decision within the time periods set forth below. In the event an extension is necessary due to matters beyond United of Omaha's control, they will notify the Claimant of the extension and the circumstances requiring the extension.

Except when the Claimant voluntarily agrees to provide United of Omaha with additional time, extensions are limited as set forth below. If an extension is necessary due to the Claimant's failure to submit complete information, United of Omaha will notify the Claimant of the additional information required. Such notice of incomplete information will be sent within the time periods set forth below.

In order for United of Omaha to continue processing the claim, the missing information must be provided to United of Omaha within the time periods set forth below. The Claimant may contact United of Omaha at any time for additional details about the processing of the claim.

INITIAL CLAIM DECISION

The period of time within which a claim decision will be made begins at the time the claim is filed, without regard to whether all the information necessary to make a claim decision accompanies the filing. The applicable time periods are shown below:

a) initial claim decision period: 45 days unless additional information is requested as set forth below;
b) extension period: 30 days; and
c) maximum number of extensions: two.

If additional information is needed, United of Omaha will notify the Claimant within 10 days of their receipt of the claim. Once the Claimant receives United of Omaha's request for additional information, the Claimant will be given no less than 45 days to submit the additional information to United of Omaha. United of Omaha will make their determination within 15 days of the receipt of the additional information. If United of Omaha does not receive the additional information within the specified time period, they will make their determination based upon the available information.

CLAIM DENIALS

If a request for a claim is denied, in whole or in part, the Claimant will receive notice of the denial, which will include:

a) the specific reason(s) for the denial;
b) reference to the specific Plan provisions on which the denial is based;
c) a description of the appeal procedures and time limits applicable to such procedures, including the right to request an appeal within 180 days and the right to bring a civil action following the appeal process; and
d) any other information which may be required under state or federal laws and regulations.

Additionally, if an internal rule, guideline, protocol or other similar criterion was relied upon in making the Adverse Benefit Determination, the Claimant has the right to request information about such internal rule, guideline, protocol or other similar criterion that was used in making the Adverse Benefit Determination, free of charge.

OPPORTUNITY TO REQUEST AN APPEAL

The Claimant shall have a reasonable opportunity to appeal a claim review decision. As part of the appeal, there will be a full and fair review of the claim review decision.

The Claimant will have no later than 180 days from the Claimant's receipt of notification of United of Omaha's claim review decision to submit a request for an appeal. The request for an appeal should include:

a) the Claimant's name;
b) the name of the person filing the appeal if different from the Claimant;
c) the Plan number; and
d) the nature of the appeal.

The request for an appeal can be submitted in any manner and should include any additional information that may have been omitted from United of Omaha's review or that should be considered by United of Omaha. The notification regarding United of Omaha's claim review decision will include instructions on how and where to submit an appeal.

You should send Your request for the appeal to United of Omaha. Do not send Your appeal to the Plan Administrator as the Plan Administrator does not handle the appeal of Your claim.

By requesting an appeal, the Claimant has authorized United of Omaha, or anyone designated by United of Omaha, to review any and all records (including, but not limited to, medical records) which United of Omaha or its designee determines may be relevant to the appeal.

A document, record, or other information will be considered relevant to a claim if it:

a) was relied upon in making the claim decision;
b) was submitted, considered, or generated in the course of making the claim decision, without regard to whether it was relied upon in making the claim decision; or
c) demonstrates compliance with administrative processes and safeguards designed to ensure and verify that claim decisions are made in accordance with the Plan and that, where appropriate, Plan provisions have been applied consistently with respect to similarly situated claimants.

RESPONSE TO APPEALS

United of Omaha will respond no later than 45 days from their receipt of the request for an appeal. However, if United of Omaha determines that an extension is required, they will notify the Claimant in writing of the extension prior to the termination of the initial appeal period. In no event will the extension exceed 45 days from the end of the initial appeal period. The extension notice will indicate the special circumstances requiring the extension and the date by which United of Omaha expects to render the appeal decision.

When United of Omaha makes its determination, the Claimant will be provided with:

a) information regarding the decision; and
b) information regarding other internal or external appeal or dispute resolution alternatives, including any required state mandated appeal rights.

The period of time within which an appeal decision is required to be made will begin at the time an appeal is filed, without regard to whether all the information necessary to make an appeal decision accompanies the filing. If a period of time is extended as described above due to the Claimant's failure to submit information necessary to decide a claim, the period for making the appeal decision shall be "tolled" or suspended from the date on which the extension notice is sent until the earlier of (1) the date on which United of Omaha receives the response; or (2) the date established by United of Omaha in the notice of extension for the furnishing of the requested information.

STANDARD PROVISIONS

CHANGES IN PLAN BENEFITS

Plan benefits may be changed (including reducing or terminating benefits or increasing fees) any time. A change in the Plan does not require Your consent.

A change may affect any class of Employees included in the Plan.

INCONTESTABILITY

United of Omaha will not use any statements in Your application to contest the validity of this Plan coverage after it has been in-force during Your lifetime for two years.

GENERAL DEFINITIONS

The following capitalized terms have the meanings assigned in this section. These terms are used throughout this Booklet.

The definitions set forth below shall apply to both the singular and plural versions of the defined term.

Booklet means this document that describes the benefits, terms, conditions, exclusions and limitations of the coverage provided under the Plan.

Current Earnings means any actual pre-tax weekly income You receive while You are working and eligible to receive a Weekly Benefit, or the pre-tax earnings You could receive if You were working at Your Maximum Capacity. If Your current earnings fluctuate, United of Omaha may average Your current earnings over the most recent three-month period and continue Your claim provided the average does not exceed the percentage of Basic Weekly Earnings allowed by the Plan. A Weekly Benefit will not be payable for any week during which Your current earnings exceed that percentage.

Deferred Compensation means contributions You make through a salary reduction agreement with Us to a plan or arrangement under the following Internal Revenue Code (IRC) sections or any other plan or arrangement defined as deferred compensation under the IRC:

a) 401(k);
b) 403(b);
c) 408(k); or
d) 457.

Dependent Child means:

a) Your natural born or legally adopted child;
b) Your stepchild or child of Your domestic or civil union partner or equivalent living in Your home; or
c) any other child who lives with You in a regular parent/child relationship and who qualifies as Your "dependent" as defined in the U.S. Internal Revenue Code.

Dependent child does not include:

a) a child who is married, in a domestic partnership, in a civil union partnership or equivalent, as recognized and allowed by federal law, or by state law in a child's state of residence;
b) a child who has been legally adopted by another person; or
c) a child:
    1. temporarily living in Your home;
    2. placed in Your home by a social service agency which retains control over the child; or
    3. who has a natural parent in a position to exercise parental responsibility and control.

Disability and *Disabled* mean that because of an Injury or Sickness, a significant change in Your mental or physical functional capacity has occurred, as a result of which:

a) during the Elimination Period, You are prevented from performing at least one of the Material Duties of Your Regular Job (on a part-time or full-time basis); and
b) after the Elimination Period, You are:
    1. prevented from performing at least one of the Material Duties of Your Regular Job (on a part-time or full-time basis); and
    2. unable to generate Current Earnings which exceed 99% of Your Basic Weekly Earnings due to that same Injury or Sickness.

Disability is determined relative to Your ability or inability to work. It is not determined by the availability of a suitable position with Us.

Eligible Survivor means Your Spouse, if living; otherwise, it means Your Dependent Child under age 26. An eligible survivor must be living at the time of Your death.

Elimination Period means the number of days of continuous Disability which must be satisfied before You are eligible to receive benefits. The elimination period is shown in the Schedule.

Employee means a person who is:

a) a citizen or permanent resident of the United States; or
b) lawfully and legally able to work in the United States pursuant to applicable federal and state laws; and

c) receiving compensation from Us for work performed for Us at:
    1. Our usual place of business;
    2. an alternative work site at the direction of Us; or
    3. a location to which the employee must travel to perform the job.

An employee does not include a person:
a) who resides outside the United States for a period in excess of 12 consecutive months unless written approval has been received from United of Omaha's authorized representative in their home office;
b) working on a seasonal or temporary basis; or
c) performing services for Us as an independent contractor, including persons reporting income on a 1099 form or subject to the terms of a leasing agreement between Us and a leasing organization.

Full-Time means working the required number of hours to be considered a full-time employee of Ours.

Gross Weekly Benefit means Your Weekly Benefit amount before any reduction for Other Income Sources and Current Earnings.

Hospital means an accredited facility licensed by the proper authority of the area in which it is located to provide care and treatment for the condition causing confinement. A hospital does not include a facility or institution or part of a facility or institution which is licensed or used principally as a clinic, convalescent home, rest home, nursing home or home for the aged, halfway house or board and care facilities.

Injury means an accidental bodily injury that requires treatment by a Physician. It must result in loss independently of Sickness and other causes. Disability resulting from an injury must occur while You are covered under the Plan.

Material Duties means the essential tasks, functions, and operations relating to Your Regular Job that cannot be reasonably omitted or modified.

Maximum Capacity means, based on Your medical restrictions and limitations, the greatest extent of work You are able to do in Your Regular Job.

Maximum Weekly Benefit means the maximum dollar amount of disability benefit You may receive per week as shown in the Schedule.

Medically Necessary means care that is ordered, prescribed, or rendered by a Physician or Hospital, and is determined by United of Omaha, or a qualified party or entity selected by United of Omaha, to be:
a) provided for the diagnosis or direct treatment of Your Injury or Sickness;
b) appropriate and consistent with the symptoms and findings or diagnosis and treatment of Your Injury or Sickness; and
c) provided in accordance with generally accepted national professional standards and/or medical practice.

Our Retirement Plan means any Retirement Plan:
a) which is part of any federal, state, county, municipal, or association retirement system; and
b) for which You are eligible as a result of employment with Us.

Our, We, Us means Aristocrat Technologies, Inc..

Physician means any of the following licensed practitioners:
a) a doctor of medicine (MD), osteopathy (DO), podiatry (DPM) or chiropractic (DC);
b) a licensed doctoral clinical psychologist;
c) a Master's level counselor and licensed or certified social worker who is acting under the supervision of a doctor of medicine or a licensed doctoral clinical psychologist;
d) a licensed physician's assistant (PA) or nurse practitioner (NP); or
e) where required by law, any other licensed practitioner of a healing art who is acting within the scope of his/her license.

A physician does not include:
a) a naturopathic doctor;
b) an acupuncturist;
c) a physician in training; or

d) You, Your Spouse, any person who lives with You, a child, brother, sister or parent of You or Your Spouse.

Plan Administrator means the person or entity designated as the plan administrator for Our group disability welfare benefit plan.

Plan means a short term disability benefits plan self-funded by the employer.

Plan Anniversary means January 1 of each Plan Year.

Plan Effective Date means January 1, 2020.

Plan Year means the period commencing on the Plan Effective Date and ending on the next succeeding Plan Anniversary and, thereafter, each 12-month period commencing on the Plan Anniversary.

Proof of Earnings means:
a) copies of Your U.S. individual income tax returns and business income tax returns, including all forms, schedules and attachments, if applicable;
b) payroll records; and
c) any other records United of Omaha requests.

Regular and Appropriate Care and Treatment means You visit and receive care and treatment from a Physician as frequently as is medically required, to effectively manage and treat Your Injury or Sickness. Such care and treatment must be:
a) Medically Necessary;
b) received from a Physician whose expertise, medical training, and clinical experience are suitable for treating Your Injury or Sickness; and
c) received primarily is to improve Your medical condition and thereby aid in Your ability to return to work.

Regular Job means the occupation You are routinely performing when Your Disability begins.

Retirement Plan means a plan which:
a) provides benefits to You, either in a lump sum or in the form of periodic payments, upon the later of:
    1. early or normal retirement as defined in the plan or under the U.S. Social Security Act; or
    2. disability, if the payment does not reduce the amount of money which would have been paid at the normal retirement age under the plan if the disability had not occurred; and
b) is not funded wholly by Your contributions.

A retirement plan shall not include a profit-sharing plan or a plan such as a 401(k), a thrift plan, an individual retirement account (IRA), a tax sheltered annuity (TSA), a stock ownership plan, or a Deferred Compensation plan.

Sickness means a disease, disorder or condition, including pregnancy, that requires treatment by a Physician. Disability resulting from a sickness must occur while You are covered under the Plan. Sickness does not include elective or cosmetic surgery or procedures, or resulting complications. Sickness includes the donation of an organ in a non-experimental organ transplant procedure.

Spouse means the person to whom You are legally married, or Your domestic partner, civil union partner or equivalent, as recognized and allowed by federal law, or by state law in Your state of residence.

United of Omaha means United of Omaha Life Insurance Company.

You, Your means the Employee who is covered under the Plan.

Group Short-Term Disability Benefits

Aristocrat Technologies, Inc.

Group Number: G000BML6

United of Omaha Life Insurance Company

Home Office:
Mutual of Omaha Plaza
Omaha, Nebraska 68175

