GROUP SHORT-TERM DISABILITY BOOKLET SUMMARY



This summary describes some of the terms and conditions of the Plan. For a complete description of the terms and conditions of the Plan, refer to the appropriate section of the Booklet, available from your employer. A person is not necessarily entitled to coverage because he or she received this summary. A person is only entitled to coverage if he or she is eligible in accordance with the terms of the Plan. This summary was published on October 8, 2024.

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%