UNITED *of* OMAHA LIFE INSURANCE COMPANY

Home Office: Mutual of Omaha Plaza, Omaha, Nebraska 68175

A Stock Company

(herein called United)

has issued this Policy to **Aristocrat Technologies, Inc.**

(herein called Policyholder/Employer)

This policy is issued in consideration of:

(a) the terms, conditions and limitations of this policy; and

(b) the application for this policy, a copy of which is attached.

This policy is effective January 1, 2020 at 12:01 a.m., Standard Time, at the main office of the Policyholder.

United agrees to pay the insured persons the benefits to which they are entitled, subject to the terms, conditions and limitations of this policy.

This policy covers certain disabilities and is subject to the New Jersey Temporary Disability Benefits Law relating to Private Plans.

UNITED OF OMAHA LIFE INSURANCE COMPANY

James T. Blackledge

Chief Executive Officer

Terrance S. DeWald

Corporate Secretary

GROUP POLICY NO. GUNJ-BML6

(herein called policy)

(As Revised January 1, 2026)

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GENERAL PROVISIONS

1. **ELIGIBLE EMPLOYEE**

   Employees who are employed on the effective date of the policy are eligible for insurance as of the effective date.

   Employees who become employed after the effective date of the policy are eligible to become insured under the policy on the date they become employed.

2. **WHEN INSURANCE BEGINS**

   An employee will become insured subject to the following conditions:

   (a) If the employee is employed by an employer on the effective date of the policy, the employee shall become insured on that date.

   (b) If after the effective date of the policy, the employee becomes employed by the employer, the employee shall become insured on the date of employment.

   (c) The employee is and continues to be employed by the employer.

3. **WHEN INDIVIDUAL INSURANCE ENDS**

   An employee's insurance will end:

   (a) If the employee's employment with the employer is terminated on a date two weeks or less prior to the date of termination of the policy or insurance, insurance under the policy will be terminated on the day following two weeks from the date of termination of the employee's employment with the employer, but insurance shall not continue after the employee becomes covered for New Jersey Temporary Disability Benefits as an employee of another covered employer;

   (b) the day the Policy ends; or

   (c) the day an employee is no longer a member of the covered group.

4. **CHANGE IN PREMIUM RATES/EXPERIENCE RATING**

   United has the right to change premium rates any time after the most recent Rate Guarantee Date shown in this policy. In addition, United also has the right to change premium rates:

   (a) on or after the date there is a change in coverage or eligibility;

   (b) on or after the date there is an increase or a decrease of 10% in the number of employees insured; or

   (c) or after the date there is an assessment increase effecting this policy.

Except for a premium rate increase because of a change in coverage, eligibility, number of persons insured, or assessment, United must give at least 90 days advance written notice of any premium rate increase.

After each accounting period, United may make a retrospective return of excess premiums (if experience warrants).

5. **PAYMENT OF PREMIUMS**

The first premium Due Date is the effective date of this policy for the Period of Coverage beginning on that date and ending on the last day of the same month. Premiums for each subsequent Period of Coverage are due by the corresponding Due Date:

Period of Coverage	Due Date
January 1 through January 31	January 1
February 1 through February 28 or 29	February 1
March 1 through March 31	March 1
April 1 through April 30	April 1
May 1 through May 31	May 1
June 1 through June 30	June 1
July 1 through July 31	July 1
August 1 through August 31	August 1
September 1 through September 30	September 1
October 1 through October 31	October 1
November 1 through November 30	November 1
December 1 through December 31	December 1

The premium payable for each Period of Coverage is the sum of the individual premiums for each person insured. Individual premiums are based on an insured person's classification when a Period of Coverage begins.

Payment should be made to United at the Home Office, unless an officer of United authorizes payment to be made somewhere else.

If this policy terminates for any reason:

(a) the Policyholder is liable for all premiums to the date of termination, including premiums for any grace period or part of any grace period; and

(b) all unpaid premiums are due no later than the date of termination.

6. **GRACE PERIOD - DISCONTINUANCE OF POLICY**

A grace period of 45 days following the due date shall be allowed the Policyholder for the payment of any premium. If any premium is not paid before the expiration of the grace period, this policy shall terminate fifteen days after written notice by us has been given to the New Jersey Department of Labor, Division of Unemployment and Disability Insurance, following the expiration of the grace period.

An employer may terminate this policy, subject to 60 days advance written notice to United and the New Jersey Department of Labor Division of Unemployment and Disability Insurance.

If the Policyholder shall have given United written notice in advance of an earlier date of termination, this policy shall terminate as of such earlier date, but only after sixty days following written notice by us to the New Jersey Department of Labor, Division of Unemployment and Disability Insurance.

If any change of the New Jersey Temporary Disability Benefits Law or the authorized regulations shall increase any liability of United under this policy, United may terminate the policy at any time within a period of six months from the effective date of said change by mailing written notice of termination, at least sixty days prior to the date of termination, to the Policyholder and to the New Jersey Department of Labor, Division of Unemployment and Disability Insurance, provided, however, that said notice of termination may be of shorter duration if agreed upon by United and said Division.

This policy shall automatically discontinue as of the date the New Jersey Department of Labor, Division of Unemployment and Disability Insurance, withdraws approval of the Employer's Private Group Plan. The Policyholder shall be liable to United for all unpaid premiums for the period during which this policy was in force.

The Employer may terminate the Private Group Plan subject to 30 days notification to the New Jersey Department of Labor, Division of Unemployment and Disability Insurance.

This policy may be terminated after the first year it is in force, on any premium due date, whenever there are not at least four eligible employees insured hereunder, provided that at least sixty days' written notice of such termination has been given by United to both the Policyholder and to the New Jersey Department of Labor, Division of Unemployment and Disability Insurance.

7. **EMPLOYEE CONTRIBUTION**

The employee's contribution for the insurance provided by this policy shall be not more than the statutory percent of the employee's taxable earnings. In no event shall the contribution required of any employee, including that contributed to the state disability fund, exceed an amount equivalent to .19% of wages paid by any one Policyholder during any one calendar year, up to an amount determined in accord with the Temporary Disability Benefits Law.

8. **INDIVIDUAL CERTIFICATE**

United will issue the Policyholder individual certificates for delivery to insured persons. The certificates will set forth an insured person's insurance coverage.

9. **INFORMATION TO BE FURNISHED BY THE POLICYHOLDER/PRIVACY**

The Policyholder is responsible for keeping confidential insurance records. These records are to be kept in a way which will assure the privacy of medical and other personal information. The records must show:

(a) persons insured by classification;

(b) the amount of money contributed by the Policyholder toward premiums; and

(c) any other insurance information which United may reasonably request.

These records and any other insurance information which the Policyholder has or reviews will be used by the Policyholder only for the purpose of policy administration.

The Policyholder will furnish, as United requires, any insurance information on United's forms which are needed for insurance administration.

The Policyholder's books and records which may have a bearing on the insurance under this policy shall be open to United for inspection. The books and records may be inspected at any reasonable time while this policy is in force and for one year afterwards.

BENEFITS

If, while insured under the policy, an employee becomes disabled as a result of an accident or sickness, we will pay the Weekly Benefit shown in the Schedule. Benefits will be paid provided the employee remains disabled. Benefits will not exceed the Maximum shown in the Schedule.

The daily rate of an employees benefit is 1/7th of the weekly rate. The amount paid for any part of a week shall be rounded to the next lower dollar if not an exact multiple.

If an employee is employed by two or more employers having Private Plans under which such employee is covered, the benefits payable under the policy will be divided among the plans in the same manner the employee earned wages from such employers right before the start of disability. The employee will not receive less than the benefits that such employee would be entitled under the most favorable plan, both as to weekly amount and duration.

SUCCESSIVE PERIODS OF DISABILITY

Successive periods of disability shall be considered as one unless such subsequent disability:

(a) arises from causes different and unrelated to the causes of the previous disability; or

(b) begins after return to work for at least 14 days;

provided the employee has earned wages during such 14 day period with the employer who was his last employer immediately preceding the first period of disability.

LIMITATIONS

No benefits shall be paid:

(a) for any period for which benefits (other than benefits for permanent partial or permanent total disability previously incurred) are paid or payable for the employee's disability under:
   (1) any workers' compensation law;
   (2) occupational disease law; or
   (3) similar legislation of any state or of the federal government; except that if a Covered Employee is otherwise eligible under the New Jersey Temporary Disability Benefits law and benefits are also paid or payable to the Covered Employee under a disability benefit law of another state, the Covered Employee shall be paid the benefits provided under the New Jersey Temporary Disability Benefits law, reduced by the amount paid concurrently with the provisions of the other state's law;

(b) for any period for which benefits are paid or payable under:
   (1) any unemployment compensation or similar law; or

(2) any disability or cash sickness benefit or similar law of any state or of the federal government; except that if a Covered Employee is otherwise eligible for benefits under the New Jersey Temporary Disability Benefits law and benefits are also paid or payable to the claimant under a cash sickness program known as maintenance and cure, as provided under the federal maritime law commonly referred to as the Jones Act, the Covered Employee shall be paid the benefits provided by the New Jersey Temporary Disability Benefits law, reduced by the amount paid concurrently under the provisions of the maintenance and cure program.

(c) for any period during which the employee performs any work for remuneration or profit.

(d) for any period which the employee would be disqualified under the Unemployment Compensation Law for participation in a labor dispute, unless the disability commenced prior to such disqualification.

(e) for any period during which the employee is not under the care of a legally licensed physician, dentist, optometrist, podiatrist, practicing psychologist, advanced practice nurse or chiropractor, who, when requested shall certify within the scope of the practitioners practice, the disability of the insured, the probable duration and, where applicable, the medical facts within the practitioners knowledge.

(f) for any period of disability which does not begin while the employee is insured under the group policy.

(g) in a weekly amount which together with any remuneration the employee continues to receive from the employer would exceed 100% of the regular weekly wages immediately prior to disability;

(h) for any period of disability due to:
(1) willfully and intentionally self-inflicted injury; or
(2) injury sustained during the perpetration of a crime of the 1st, 2nd, 3rd or 4th degree or for any period during which the Covered Employee would be disqualified for unemployment compensation benefits for gross misconduct under Workers' Compensation.

NOTE: If an employee's claim for compensation for temporary disability under the Workers' Compensation law is contested and such employee is otherwise eligible for benefits under the policy, we will pay benefits until and unless the employee receives compensation under the Workers' Compensation Law.

In the event workers' compensation benefits are awarded for weeks with respect to which the employee has received disability benefits under this Policy, we shall be entitled to be subrogated to the amount of disability payments made under this Policy.

If there has been a settlement of a Workers' Compensation claim pursuant to the Workers' Compensation law in amount less than that to which the employee would otherwise be entitled as Disability benefits under the New Jersey Temporary Disability Benefits Law, for the same Accident or Sickness, the employee shall be entitled to Disability benefits for the period of Disability, reduced by the amount from the settlement received under the Worker's Compensation Law. The State fund or a private plan seeking to recover any amount of Disability benefit payments from a Workers' Compensation award shall be required to demonstrate that the recovery is in compliance with the provisions of New Jersey law.

Also, temporary disability benefits are reduced by the amount paid concurrently under any governmental or private retirement, pension or permanent disability benefit or allowance program to which a worker's most recent employer contributed on his/her behalf. Social security retirement benefits do not reduce temporary disability benefits.

SCHEDULE

of
TEMPORARY DISABILITY BENEFITS

This policy covers all eligible New Jersey employees.

Benefits are determined in accord with the following table.

Classification	**Weekly Benefit**
All eligible employees located in New Jersey.....	85% of the employee's average weekly earnings

Employee contributions for the insurance described herein shall not exceed .19% of the employee's taxable wage base.

Benefits are payable:

(a) beginning on the 8th day of an accident;

(b) beginning on the 8th day of a sickness.

Benefits for the first seven days become payable if benefits are payable for three consecutive weeks for any period of disability. Benefits for the first seven days also become payable if benefits are payable for organ or bone marrow donations.

Maximum Weekly Benefit Amount: $1,119

The maximum total benefits payable shall be either 26 times the weekly benefit amount or 1/3 of total wages in the base year, whichever is the lesser.

Wage Requirements - In order to have a valid claim for disability, the employee must have had at least 20 base weeks in covered New Jersey employment in which such employee earned the base week amount or more, or have earned the alternate earnings amount in such employment, during the 52 calendar weeks immediately before the week in which the employee became disabled (called "base year").

NOTE: These benefits are payable for fractions of a week of disability, if the employee is eligible for such benefits at the daily rate of 1/7 of the Weekly Benefit. The total benefits for any week or part of a week shall be computed in multiples of $1.00 rounded down to the nearest dollar, if not already a multiple thereof.

In no event shall the weekly disability benefits, including the Maximum Amount and the maximum number of weeks, be less than those provided by the New Jersey Temporary Disability Benefits Law.

DEFINITIONS

"Our," "We," "Us" means United of Omaha Life Insurance Company.

"Covered Employee" means a person who is eligible for benefits as specified in the Schedule.

"Covered Employer" means any employer who is an employer within the meaning of the Unemployment Compensation Law and the Temporary Disability Benefits Law of the State of New Jersey.

"Sickness" means a disease, disorder or condition. It includes childbirth or pregnancy.

"Accident" means an accidental bodily injury which is independent of a sickness.

"Disability" means only that period during which the employee is prevented from performing the regular and customary duties of employment as the result of an accident or sickness.

"Waiting Period" means the applicable number of days, occurring at the beginning of any period of disability.

"Average Weekly Wage" means the amount derived by dividing a covered employee's total wages earned from the most recent covered employer during the base weeks in the eight calendar weeks immediately preceding the calendar week in which disability commenced, by the number of such base weeks. If this computation yields a result which is less than the employee's average weekly earnings in employment, with all covered employers, during the base weeks in such eight calendar weeks, then the average weekly wage shall be computed on the basis of earnings from all covered employers during the eight calendar weeks immediately preceding the week in which the disability commenced.

"Base Week" means any calendar week during which the employee earned in employment from a covered employer remuneration equal to not less than 20% of the Statewide average weekly remuneration.

"Base Year" means the 52-consecutive calendar weeks immediately preceding the calendar week in which the period of disability commenced.

"Statewide Average Weekly Remuneration" means an amount to be computed and determined by the Commissioner of Labor on or before September 1 of each year on the basis of 1/52nd of the total remuneration reported for the preceding calendar year by employers divided by the average of the number of workers reported by such employers and shall be effective as to benefit determinations in the calendar year following such computation and determination.

HOW TO FILE A CLAIM

1. Written notice of claim for an accident or sickness must be given to us within 30 days after the date the disability begins for which benefits are claimed.
2. Notice given by or on behalf of the claimant
   (a) to us at our Home Office in Omaha, Nebraska; or
   (b) to any of our authorized agents,

   with particulars sufficient to identify the employee shall be deemed notice to us.

   Failure to furnish notice or proof within the time provided in the policy shall not invalidate nor reduce any claim if it is shown:

   (a) not to have been reasonably possible to furnish such notice or proof; and
   (b) that such notice or proof was furnished as soon as was reasonably possible.
3. We, upon receipt of the notice required by the policy, will furnish to the claimant forms for filing proof of disability. If such forms are not so furnished within 15 days after the receipt of such notice, the claimant shall be deemed to have complied with the requirements of the policy upon submitting, within the time fixed in the policy written proof covering the:
   (a) occurrence,
   (b) character, and
   (c) extent,

   of the disability for which claim is made.
4. Proof of disability must be furnished to us:
   (a) within 90 days after the period for which claim is made begins; or
   (b) as soon as reasonably possible.
5. We shall have right and opportunity to have the employee examined when and so often as it may reasonably require during pendency of claim hereunder. Such examination will not be made more often than once a week.

6. Upon the employee's request and subject to due proof of disability, the accrued benefits will be paid weekly, biweekly or at such intervals as the employee is customarily paid wages, during any period for which we are liable. Any balance remaining unpaid at the end of such period will be paid to the employee immediately upon receipt of due proof of disability.

7. No action at law or in equity shall be brought to recover on the group policy:

   (a) prior to the expiration of 60 days after proof of disability has been filed in accord with the requirements of the group policy, nor

   (b) unless brought within three years from the expiration of the time within which proof of disability is required by the group policy.

   This provision does not affect, in any way, the employee's right of appeal under the New Jersey Temporary Disability Benefits Law.

8. If:

   (a) the employee claims benefits under an approved private plan; and

   (b) the employee is unable to agree with the employer or us as to benefits thereunder, the employee may, within one year after the beginning of the period for which benefits are claimed, file a complaint with the Disability Insurance Service. Appeals must be submitted in writing to:

Disability Insurance Service
Bureau of Private Plan
Department of Labor
and Workforce Development
P.O. Box 957
Trenton, New Jersey 08625-0957

COMPLIANCE WITH THE NEW JERSEY TEMPORARY DISABILITY BENEFITS LAW

We will pay any assessments duly levied against us or a Employer covered by the policy in accordance with the New Jersey Temporary Disability Benefits Law.

STANDARD PROVISIONS

Insurance Contract

The insurance contract consists of:

(a) the policy; and

(b) the Policyholder's application attached to the policy.

Changes in the Insurance Contract

No reduction in the amount or duration of benefits or increase in the rate of employee contributions shall be made without prior approval of the New Jersey Department of Labor. If the employees are to contribute toward the cost of such modified plan, a majority of the employees covered by the plan must have agreed to the modification by written election (by ballot or otherwise).

Any change must be:

(a) Signed by the Policyholder/Employer and Us;

(b) Made a part of the Policy; and

(c) Signed by one of Our officers.

No agent has the authority to change the Policy or waive any of its provisions.

Any change will become effective only if approved by the New Jersey Department of Labor and Workforce Development.

A change may affect any class of insured persons.

Application

The Policy and the application of the Policyholder/Employer constitutes the entire contract between the parties and any statement made by the Policyholder/Employer shall be deemed a representation and not a warranty.

Legal Actions

No legal action can be brought until at least 60 days after We have been given written proof of Disability. No legal action can be brought more than three years after the date written proof of Disability is required.

Countersigned by:

_____

Licensed Resident Agent