

SANTA CLARA UNIVERSITY
CALIFORNIA VOLUNTARY DISABILITY PLAN

Effective Date of Plan: July 1, 2017

*The provisions of this restatement of the Plan will apply to periods of Disability commencing on
or after January 1, 2020*

For the administration of Policy 515884 and 515885



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The provisions of this restatement of the Plan will apply to periods of Disability commencing on or after January 1, 2020

Unless otherwise specified, the provisions and requirements of this Voluntary Plan will be understood to apply to the provisions and requirements for establishing eligibility for both personal disability benefits and leaves of absence taken under the Paid Family Leave Act, as provided in the California Unemployment Insurance Code.

Legislative Disclosure

Assembly Bill (AB) 908 establishes a new methodology for calculating the Weekly Benefit Amount (WBA) for Disability Insurance (DI) and Paid Family Leave (PFL) benefits. The wage replacement rate will increase from 55% to approximately 60 or 70% based on a claimant's income (See page 5 for calculation details). AB 908, also, eliminates the waiting period for all PFL claims.

This bill applies to claims on or after January 1, 2018 but before January 1, 2022. For disability periods commencing after January 1, 2000 and before January 1, 2018, the WBA computation for SDI benefits will remain at 55% as outlined in current law.

AB 908 Compliant. See page(s) 5 & 6

AB 908 does not impact this VP due to the current benefit enhancement in place

Senate Bill (SB) 83 effective July 1, 2020 extends the duration of Paid Family Leave benefits from 6 weeks to 8 weeks within a rolling 12-month period.

Benefit Enhancements

Below are the element(s) that constitute a greater benefit or right provided to VP covered employees.

- Offers a greater weekly benefit maximum during the claimant's Disability Benefit Period: see page 4 & 5
- Allows for a longer claim filing period of 45 days: see page 11

I. COVERAGE

A. Eligibility

All California employees of the Employer in covered employment as defined in Section 2606 of the California Unemployment Insurance Code are eligible for coverage under the Plan.

B. Effective Date of Coverage

Eligible employees whose date of employment is on or before the effective date of the Plan are covered on the effective date. Those whose date of employment is after the effective date are covered on their date of employment. An eligible employee may reject coverage in writing. Any employee who has rejected coverage, or who has withdrawn from the Plan, and who subsequently elects, in writing, to be covered under the Plan, will be covered on the first day of the Calendar Quarter next following the date of such election.

C. Termination of Coverage

An employee's coverage will terminate:

1. At midnight of the date of termination of employment by termination of the employer-employee relationship, or at midnight of the fifteenth (15th) day following the commencement of a leave of absence without pay or a layoff without pay (a permanent termination of the employment relationship is not a layoff for purposes of this provision regardless of the term used to designate it);
2. On the date he or she ceases to be an eligible employee;
3. On the first day of the Calendar Quarter next following the employee's giving notice, in writing, of his or her intention to withdraw from the Plan;
4. On the date of termination of the Plan;
5. Following termination of approval of the Voluntary Plan by the Director of the California EDD;
6. Following the withdrawal of the Voluntary Plan by the Company or a majority of its employees employed in the State and covered by the Plan.

II. BENEFITS

A. Employee Disability

Any employee who sustains a disability which begins while he or she is covered hereunder will, subject to the limitations and provisions hereinafter stated, receive a benefit for the period of such disability. The amount of such benefit will be as set forth below.

An employee will be considered to have sustained a disability if he or she:

1. becomes unable to perform his or her regular or customary work by reason of any physical or mental illness or injury, including pregnancy, childbirth or related medical conditions; or
2. has been ordered not to work by written order from a state or local health officer because he or she is infected with, or suspected of being infected with, a communicable disease.

Subject to the limitations and provisions hereinafter stated, an employee will be considered to have sustained a disability if he or she has been referred or recommended by competent medical authority to participate in either (i) an approved residential facility for the treatment of alcohol or drug abuse, or (ii) an approved outpatient program for the treatment of alcohol or drug abuse which requires attendance for a minimum of six (6) hours per day for a minimum of five (5) days a week.

For any employee who participates in a vocational rehabilitation plan in accordance with the California Labor Code, regular or customary work will mean, upon completion of such plan, only that employment for which the employee has been retrained.

Two consecutive periods of disability due to the same or related cause or condition and separated by a period of not more than sixty (60) days will be considered one Disability Benefit Period.

B. Family Member Disability or New Child Bonding

An eligible employee may request up to six (6) weeks (**8 weeks for PFL beginning on or after July 1, 2020**) of Paid Family Leave in order to care for a seriously ill Family Member, or to bond with his or her new Child, provided that the employee furnish the following documentation as appropriate to his or her request:

1. A certificate from the Family Member's Physician (as required in Section V. A. of this Plan) stating the Serious Health Condition of the Care Recipient which requires the employee's presence, and the Physician's opinion as to the probable duration of the Family Member's condition, and acknowledgement, in writing, from the employee that he or she is the only Family Member available to provide the necessary care or comfort to the Care Recipient.
2. A certificate for a leave of absence taken for reason of the birth of a Child of the employee or the employee's Domestic Partner, or the placement of a minor Child with the employee in connection with the adoption or foster care of the Child by the employee or Domestic Partner.

Periods of Paid Family Leave for the same Care Recipient within a Twelve-Month Period shall be considered one family leave period, as shall periods of family leave for pregnancy or New Child Bonding.

C. Amount of Benefit

The Santa Clara University California Voluntary Plan pays a weekly benefit for a maximum duration of up to fifty-two (52) weeks for a Voluntary Plan employee's Disability Benefit Period. The fifty-two (52) week benefit period begins only after the employee's seven (7) day unpaid Waiting Period as shown in Section I.D. Once benefits begin, an employee's weekly benefit will be equal to 60 or 70% of his or her Earnings, based on income, up to a maximum weekly benefit of \$1,300.

The weekly benefit payable hereunder, for an employee's Paid Family Leave, will be equal to 60 or 70% of his or her weekly Earnings, based on income, up to a maximum weekly benefit of \$1,300. The weekly minimum amount for an employee's own period of disability or an employee's period of Paid Family Leave is \$50.

For each day of any period of disability for which benefits are payable, and which is less than a full week, the amount of benefit payable will be one-fifth (1/5) of the amount of the weekly benefit.

The maximum benefit payable during any one Disability Benefit Period will be fifty-two (52) weeks of benefit payments. However, if an employee has been referred or recommended by competent medical authority to participate as a resident or as an outpatient in an alcohol or drug abuse treatment facility, the maximum number of days for which benefits are payable for such treatment will be ninety (90).

The maximum benefit during an employee's Paid Family Leave will be six (6) times (**eight times for PFL beginning on or after July 1, 2020**) his or her weekly benefit payable during the Twelve-Month Period which begins on the date that the Employee first establishes a valid claim for Paid Family Leave benefits.

D. Limitations to the Amount of Benefit

Benefits will be limited to the State Plan rate (weekly amount and maximum benefit):

1. For any disability arising during the extended coverage period following the commencement of a layoff without pay or a leave of absence without pay (except that this limitation will not apply in the case of a temporary shut-down initiated by the Employer);
2. For any employee who has declined alternative employment offered by the Employer that is within the employee's physical or mental capabilities and is comparable in status and compensation to the employee's former occupation; or
3. For any disability during any portion of the Disability Benefit Period when the employee fails to comply with the requirements of appropriate care and treatment recommended by the treating Physician. This limitation shall remain in effect until the Claims Administrator receives satisfactory evidence of compliance from the employee's treating Physician.

Whenever the calculation of an employee's Disability or Paid Family Leave benefit is paid at his or her State Plan rate or at a percentage between 60 and 70 percent of his or her Earnings, the employee's weekly benefit amount will be equal to or greater than the State Plan rate as provided in CUIC Section 2655.

Beginning January 1, 2018 AB 908 requires that for periods of disability commencing on or after January 1, 2018, but before January 1, 2022, the Voluntary Plan Disability Insurance and Voluntary Plan Paid Family Leave weekly benefit amount will be computed as follows:

1. for claimants with high quarter wages less than \$929, the weekly benefit amount would be \$50.

2. for claimants with high quarter wages equal or greater than \$929 but less than one third of the amount of the State Average Quarterly Wages, the weekly benefit amount would equal 70 percent of the claimant's high quarter wages of the disability base period divided by 13.
3. for claimants with high quarter wages equal or greater than one third of the State Average Quarterly Wages, the weekly benefit amount is equal to:
 - a. 23.3% of the State Average Weekly Wage, or
 - b. 60% of the claimant's wages in the highest quarter of his or her base period divided by 13, whichever is greater.

E. Waiting Period

Benefits will begin on the employee's eighth (8th) consecutive day of disability, provided the employee has been examined by or is under the care of a Physician during some portion of that period; or on the first (1st) day of an employee's absence for Paid Family Leave.

F. Simultaneous Coverage

In case of any period of disability for which an employee entitled to benefits hereunder is simultaneously covered by one or more other plans (including Voluntary Plans and the State Disability Fund), or at the time he or she establishes a Disability Benefit Period or period of Paid Family Leave, and accordingly is entitled to other unemployment compensation disability benefits or Paid Family Leave benefits on account of the same disability or leave period, the amount payable under this Plan for such period of disability will be:

The amount, if any, by which the benefits to which the employee otherwise would have been entitled under this Plan exceeds the benefits to which he or she would have been entitled under the California Unemployment Insurance Code if he or she were not covered by any Voluntary Plan; plus

the quotient of the amount of benefits to which the employee would have been entitled under the California Unemployment Insurance Code if he or she were not covered by any Voluntary Plan divided by the number of plans (including Voluntary Plans and the State Disability Fund) under which he or she is simultaneously entitled to benefits.

G. Redirection of Benefits

An employee eligible to receive benefits under this Plan may choose to redirect a portion of his or her weekly benefit to cover all or part of the cost of employee-paid benefits. To execute this option, the employee must designate in writing, on a form available from the Employer, the weekly amount to be so redirected. This redirection may be initiated at the time the employee applies for Plan benefits or at any time while receiving Plan benefits. The employee may terminate, or change the terms of, the redirection at any time while receiving Plan benefits.

III. CONTRIBUTIONS

Employee contributions for 2020 will be 1% of the employee's first \$122,909 in annual earnings to a maximum annual employee contribution of \$1,229.09. Any required contributions will not exceed the amount authorized by Section 3260 of the California Unemployment Insurance Code.

IV. PAID FAMILY LEAVE CONTINUED AND RE-ESTABLISHED CLAIMS

A. Paid Family Leave Continued Claims

A Paid Family Leave continued claim is a claim for the same Care Recipient within the same Twelve-Month Period, subsequent to the first or re-established claim where there is no interruption of the period for which benefits are claimed. A continued claim does not require a waiting period.

B. Paid Family Leave Re-established Claims

A Paid Family Leave re-established claim is a claim filed subsequent to a first claim within the same Twelve-Month Period. A re-established claim occurs when there is one of the following:

1. An interruption of the period for which benefits are claimed for the same Care Recipient; or
2. Benefits are claimed for a new Care Recipient.

V. EXCLUSIONS

A. No benefits are payable under the following conditions:

1. No benefits are payable for any disability which is not supported by a certificate from a Physician, stating the medical facts, including secondary diagnoses when applicable, within the Physician's knowledge, a conclusion with respect to the disability of the employee, or the Family Member for which the eligible employee has requested Paid Family Leave, and an opinion with respect to the probable duration of the disability. The certificate must also contain a diagnosis or diagnostic code prescribed in the International Classification of Diseases, or, where no diagnosis has yet been obtained, a detailed statement of symptoms. The certificate must be based on a physical examination and a documented medical history.
 - a. For purposes of disability related to normal pregnancy or childbirth, the certificate of a midwife, nurse-midwife or a nurse practitioner, duly licensed under California law and acting within the scope of his or her practice, will be accepted.
 - b. As to any employee, or the Family Member for which the eligible employee has requested Paid Family Leave, who is hospitalized in or under the care of any medical facility of the United States government, a certificate as to the employee's disability, signed by any duly authorized medical officer of such facility, will be accepted.
 - c. With respect to an employee, or the Family Member for which the eligible employee has requested Paid Family Leave, who is hospitalized in a county hospital in this State, or hospitalized by said county hospital in another hospital, a certificate as to such employee's, or the employee's Family Member's, disability as shown by his or her hospital chart, signed by the registrar of the hospital, will be accepted.
 - d. If, in accordance with Section 2629 of the California Unemployment Insurance Code, an employee is entitled to receive benefits under this Plan, reduced by workers' compensation benefits, it will not be necessary that the employee obtain a certificate of a Physician to receive the reduced amount of benefits for any day, provided the employee submits evidence of receipt of temporary disability benefits under a workers' compensation law for that day.
 - e. If any employee, or the Family Member for which the eligible employee has requested Paid Family Leave, in good faith adheres to

the teachings of any bona fide church, sect, denomination, or organization, and depends for healing entirely upon prayer or spiritual means, the certificate of a duly authorized or accredited practitioner of such bona fide church, sect, denomination, or organization as to the disability of the claimant, or the claimant's Family Member, and the estimated duration of such disability, will be accepted.

2. No benefits are payable for any period of disability for which benefits are paid or payable under any unemployment compensation act of the United States or of any state.
3. No benefits are payable for any day for which the employee receives wages or regular wages from his or her employer, except that benefits will be paid for any seven-day week or partial week in an amount not to exceed his or her maximum weekly benefit, or applicable portion thereof, which, together with the wages or regular wages received, does not exceed the wage earned, exclusive of overtime pay, in the last full week of work immediately prior to the commencement of his or her disability.
4. No benefits are payable for any day of unemployment and disability for which the employee receives, or is entitled to receive, benefits in the form of cash payments under a workers' compensation or employer liability law of this State or any other state or of the federal government for (i) temporary disability indemnity, (ii) permanent disability indemnity for the same injury or illness, or (iii) a maintenance allowance; except that if the amount of such cash payment for temporary or permanent disability indemnity, or for a maintenance allowance combined with permanent disability indemnity, is less than the amount he or she would otherwise receive as benefits under this Plan, and, in the case of an employee receiving a maintenance allowance, provided he or she has elected to receive the maximum permanent disability indemnity, the employee will be entitled to receive for such day, if otherwise eligible, disability benefits, reduced by the amount of such cash payment.
5. No Paid Family Leave benefits will be payable to an employee on a day that he or she is eligible to receive benefits for his or her own disability.
6. No benefits are payable for any period of disability while an employee is confined by court order or certification as a dipsomaniac, drug addict, or sexual psychopath.
7. No benefits are payable if a determination is made that the employee has willfully, for the purpose of obtaining benefits, either made a false statement or representation, with actual knowledge of the falsity thereof, or withheld

a material fact in order to obtain any benefits under this Plan. This exclusion will apply to benefits from the date such determination is made and for not less than seven (7) nor more than thirty-five (35) subsequent days. If there is a recurrence of the same exclusion, subsequent to the initial exclusion during such period, the period excluded will be extended for an additional period not to exceed fifty-six (56) days.

8. No benefits are payable to an individual (i) who is incarcerated in any federal, state or municipal penal institution, jail, medical facility, hospital (public or private) or in any other place because of a criminal conviction under a federal, state or municipal law or ordinance, or (ii) whose disability is caused by, or arises out of, either the commission of a crime resulting in a felony conviction, or the arrest, investigation or prosecution pursuant to such crime.
9. No Paid Family Leave benefits are payable to an employee for any period of leave, which would otherwise qualify for Paid Family Leave benefits, if another Family Member is ready, willing, able, and available for the same period of time in a day that the employee is providing the required care.

VI. OTHER REQUIREMENTS

- A. Security as required by the Employment Development Department will be deposited to secure the operation of the Plan. The amount of the deposit will be determined by the Department and will be deposited with the State Treasurer for the purpose herein specified.
- B. The Employer agrees to furnish to the Employment Development Department the information, reports, and records as are required for the proper administration of the Plan.
- C. The Employer agrees to pay all valid assessments or charges levied by the Employment Development Department in accordance with the California Unemployment Insurance Code.
- D. The Plan will continue in effect for a period of one year from the effective date and continuously thereafter unless thirty (30) days' advance written notice is given of the termination of the Plan. Termination will be effective only on the anniversary of the effective date of the Plan next following the filing of the notice; except that the Plan may be terminated on the operative date of any law increasing the benefit amounts provided by Sections 2653 and 2655 of the Unemployment Insurance Code, or the operative date of any change in the rate of worker contributions as determined by Section 984, if notice of such termination of the Plan is transmitted to the Employment Development Department not less than thirty (30) days prior to

the operative date of such law or change. If the Plan is not terminated on such thirty (30) day notice because of the enactment of a law increasing benefits or because of a change in the rate of worker contributions as determined by Section 984, the Plan will be amended to conform to such increase or change on the operative date of the increase or change.

VII. COMPLIANCE

The Employer hereby guarantees that each employee covered by this Plan will, in all respects, be afforded rights at least equal to those afforded by the State Disability Fund and will receive a weekly rate and maximum amount and duration of benefits at least equal to those which he or she would have received from the State Disability Fund but for coverage by this Plan.

VIII. CLAIMS

Claim forms may be obtained by contacting Matrix Absence Management at 1-877-202-0055 or online at www.matrixabsence.com. Employees should report their disability as soon as is reasonably possible following the commencement of his or her disability, or the disability of his or her Family Member, for which the employee is requesting Paid Family Leave benefits. Matrix will send the employee an information packet, which includes a claim form. After the employee and his or her Physician, or other person authorized to certify disability, have completed and signed the required sections of such forms, they should be returned to the Claims Administrator. Except for good cause, a claim must be filed within forty-five (45) days following the first compensable day of disability.

If a submitted claim is incomplete for any reason, except for good cause, the employee will be allowed ten (10) calendar days from the date the information is requested either verbally, electronically, or by mail to provide the documentation needed to complete the claim.

An employee who files a claim will receive a Notice of Computation (DE429D) from the State which shows the minimum amount he or she should be paid. Employees should note the wage quarters used by the State to compute the amount. If an employee was in the military service, received workers' compensation benefits, or did not work because of a trade dispute during his or her base period, he or she may be able to substitute wages paid in prior quarters to make the claim valid or increase the benefit amount. If the claim is invalid because of extended unemployment during his or her base period, the employee may also be able to substitute wages paid in prior quarters to make the claim valid.

Under the provisions of the California Unemployment Insurance Code, the Employer or its authorized administrator will have the right to:

1. require supplemental forms from the employee's, or the employee's Family Member's, Physician or those authorized to certify disabilities as often as deemed necessary, and
2. require that the employee, or the employee's Family Member, be examined by a Physician chosen by the Employer. This may be done when and as often as may be reasonably required during the period payments may be due under this Plan.

IX. APPEALS

- A. An employee who is denied benefits under the terms of this plan may appeal the denial. Appeals may be made in person or in writing at any office of the Employment Development Department within thirty (30) days from the date the notice of denial is mailed. Written appeals must be signed and must include the employee's name and Social Security Account Number, as well as the name of the employer and the reason for filing the appeal.

Disability benefit appeals may be sent to any Employment Development Department office. Paid Family Leave benefit appeals must be sent to:

Paid Family Leave
PO Box 997017
Sacramento, CA 95799-7017

- B. *Payment of Benefits Pending Appeal*

As provided in CCR section 2706-5, an employee may elect to continue to receive disability or Paid Family Leave benefits pending the outcome of a timely appeal to an administrative law judge when the Plan has determined the employee initially eligible and subsequently found the employee to be ineligible.

C. Disputed Coverage Appeals

An employee, the Employment Development Department, or the Plan may appeal a denial of coverage for disability or Paid Family Leave benefits within thirty (30) days of the date of the notice of denial was mailed.

In disputed coverage cases in which a denial of coverage is not furnished, an appeal shall be filed after twenty-five (25) days and within fifty-five (55) days from the date the appellant sends a request for payment of benefits to the Employment Development Department or Plan.

If eligible, the employee shall be paid benefits by the Plan that initially received the claim, pending disposition of the disputed coverage appeal.

X. OVERPAYMENTS

The claimant will be required to repay any overpayment from the Plan to the extent permitted under the California Unemployment Insurance Code and the California Code of Regulations. The Employer will make reasonable arrangements with the claimant or his or her legal representative(s) for the repayment to the Plan, including but not limited to the reduction of future benefits under the Plan or the reduction of future pay from the Employer as allowed under the California Unemployment Insurance Code and California Code of Regulations.

XI. DEFINITIONS

- A. “Calendar Quarter” means a period of three (3) consecutive months commencing with the first day of January, April, July or October.
- B. “Care Provider” means the Family Member who is providing the required care or comfort.
- C. “Care Recipient” means the Family Member or Child who is receiving care or comfort for a Serious Health Condition, or New Child Bonding.
- D. “Child” means a biological, adopted, or foster son or daughter, a stepson or stepdaughter, a legal ward, a son or daughter of a Domestic Partner, or the person to whom the employee stands in loco parentis.

- E. “Disability Benefit Period” means a continuous period of unemployment and disability which:
1. begins with the first day that a covered employee files a valid claim for benefits due to his or her disability; or, with respect to Paid Family Leave benefits;
 2. begins with the first day that a covered employee files a valid claim for Paid Family Leave to care for a seriously ill Family Member, or to bond with a minor Child during the first year after the birth or placement of the Child in connection with foster care or adoption.
- F. “Domestic Partner” has the same meaning as defined in Section 297 of the Family Code.
- G. “Earnings” means basic pay exclusive of bonuses, overtime, differentials, and other forms of additional compensation on the date immediately preceding the commencement of the Disability.
- H. “Employer” means Santa Clara University
- I. “Family Member” means a Child, Parent, Grandparent, Grandchild, Sibling, Spouse, or Domestic Partner as defined in Section 3302 of the California Unemployment Insurance Code.
- J. “Grandchild” means a Child of the employee’s Child.
- K. “Grandparent” means a Parent of the employee’s Parent.
- L. “New Child Bonding” means leave to bond with a minor Child within the first year of the Child’s birth or placement in connection with foster care or adoption.
- M. “Paid Family Leave” or “PFL” means the program that provides up to six weeks of partial wage replacement benefits to workers who take time off work to care for a seriously ill Family Member as defined in these definitions, or to bond with a new Child.
- Effective July 1, 2020, Senate Bill 83 extends the duration of Paid Family Leave benefits from 6 weeks to 8 weeks within a rolling 12-month period.***
- N. “Parent” means a biological, foster, or adoptive Parent, a Parent-In-Law, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a Child.
- O. “Parent-In-Law” means the Parent of a Spouse or a Domestic Partner.

- P. “Physician” means any Physician, surgeon, optometrist, dentist, podiatrist, osteopathic or chiropractic practitioner, or Psychologist, who is duly licensed and acting within the scope of his or her practice. For the purpose of disability related to normal pregnancy or childbirth, a midwife, nurse-midwife and a nurse practitioner, duly licensed under California law and acting within the scope of his or her practice, are physicians.

Additionally, a nurse practitioner or physician assistant, duly licensed under California law, shall be considered a Physician for purposes of certifying to disability or Paid Family Leave, for any type of disability within the scope of his or her license, provided that the nurse practitioner or physician assistant has examined the patient and has collaborated with a Physician and/or surgeon.

- R. “Plan” means this plan which is a Voluntary Plan established pursuant to Part 2 of the California Unemployment Insurance Code relating to unemployment compensation disability benefits.
- S. “Psychologist” means a psychologist, licensed in the state of practice, with a doctorate degree in psychology who either has at least two (2) years clinical experience in a recognized health setting, or has met the standards of the National Register of the Health Service Providers in Psychology.
- T. “Serious Health Condition” means an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential health care facility, or continuing treatment or continuing supervision by a Physician or licensed health care provider.
- U. “Sibling” means a person related to another person by blood, adoption, or affinity through a common legal or biological Parent.
- V. “Spouse” means a partner to a lawful marriage.
- W. “State” means the State of California.
- X. “State Disability Fund” means the fund established pursuant to Part 2 of the California Unemployment Insurance Code.
- Y. “State Plan” means the benefits payable from the State Disability Fund pursuant to Part 2 of the California Unemployment Insurance Code.
- Z. “Twelve-Month Period” means the 365 consecutive days that begin on the day the employee first establishes a valid claim for Paid Family Leave.

XII. MISCELLANEOUS

The adoption and maintenance of the Plan will not be considered to be a contract between the Employer and any employee. Therefore, no provision of the Plan will give any employee the right to be retained in the employ of the Employer or to interfere with the right of the Employer to discharge any employee at any time, irrespective of the effect such discharge may have upon an employee as a participant or prospective participant under the Plan. In addition, no provision of the Plan will be considered to give the Employer the right to require any employee to remain in its employ, or to interfere with any employee's right to terminate his or her employment at any time.

SANTA CLARA UNIVERSITY

BY: _____

NAME: _____

TITLE: _____

DATE: _____