



And Designated Companies

CALIFORNIA VOLUNTARY DISABILITY INSURANCE  
AND PAID FAMILY LEAVE BENEFIT PLAN

For California Employees of:

ClosingCorp, Inc. Voluntary Plan# 10-2928  
CoreLogic Credco, LLC Voluntary Plan# 10-2929  
CoreLogic Solutions, LLC Voluntary Plan# 10-2930  
CoreLogic Spatial Solutions, LLC Voluntary Plan# 10-2931  
CoreLogic Tax Services, LLC Voluntary Plan# 10-2932  
FNC Inc. Voluntary Plan# 10-2933  
Marshall & Swift/Boeckh LLC Voluntary Plan# 10-2934  
Shift LLC (Next Gear Solutions LLC) Voluntary Plan# 10-2935  
Symbility Solutions Corp. Voluntary Plan# 10-2936  
CoreLogic, Inc. Voluntary Plan # EDD to assign

For benefits periods commencing on or after January 1, 2025

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# SELF-INSURED VOLUNTARY DISABILITY & PAID FAMILY LEAVE PLAN

## For California Employees of

## CoreLogic and Designated Companies

For Benefit Periods Commencing on or After January 1, 2025

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### I. Eligibility and Effective Date of Coverage

#### A. Eligibility

All California Employees of the Employer, in covered employment as defined in Section 2606 of the California Unemployment Insurance Code (CUIC), are eligible for coverage under this Plan.

#### B. Effective Date of Coverage

Individuals employed on or after the effective date of the Plan are covered as of their first (1st) day of employment unless coverage is rejected in writing. Any Employee who initially accepts coverage under this Plan may subsequently elect to withdraw from the Plan within ten (10) days following the effective date of any amendment to the Plan, or for any other reason, on the first (1st) day of the first (1st) Calendar Quarter following the date of such election by notifying the Employer 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 Any Employee who has rejected coverage or who has withdrawn from the Plan and who subsequently elects, in writing, to be covered under the Plan shall be covered on the first (1st) day of the Calendar Quarter following the date of notifying the Employer in writing of such election. The Plan's original effective date is January 1, 2024.

#### C. Termination of Individual Employee Coverage

An Employee's coverage will terminate on the earliest of:

1. at 12:00 midnight on the date of termination of the Employer-Employee relationship;
2. at 12:00 midnight on the fifteenth (15th) day following the commencement of 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);
3. at 12:00 midnight on the fifteenth (15th) day following the commencement of a Leave of Absence without pay;
4. the date the individual ceases to be an eligible Employee;
5. the beginning of the Calendar Quarter next following the date the Employee has given written notice of his or her intention to withdraw from the Plan; or
6. the date of termination of the Plan.

Exception: The Voluntary Plan under which an Employee establishes a Care Recipient Period remains liable for all subsequent claims for the same Care Recipient through the end of the Twelve (12)-Month Period.

### II. Contributions

For 2025, the Employee contribution rate is 0.75%, with a maximum individual Employee annual contribution of \$1,148.73. In accordance with CUIC Sections 984 and 985, Employee contributions are equal to or less than the contribution rate established by the Employment Development Department for the State Disability Plan each year. If the Plan's trust fund is insufficient, the Employer will cover the costs of the Plan to remain solvent via an Employer loan that will be repaid by the Plan when the Plan has sufficient funds.

### **III. Disability Benefits**

#### **A. Disability Waiting Period**

Benefits will commence on the eighth (8th) day of Disability, provided the Employee has been examined by or is under the care of a Physician during some portion of that eight (8) day period of Disability.

#### **B. Amount of Benefits for Disability**

The amount of weekly benefit for which an Employee is covered under the Plan (subject to any Plan Limitations and Exclusions) shall be equal to 70% of their weekly Wages to a maximum of the State Disability Plan weekly benefit amount in effect at the commencement of the Employee's Disability.

Employees making less than 70% of the state average quarterly wage shall receive a weekly benefit equal to 90% of their weekly Wages to a maximum of the State Disability Plan weekly benefit amount in effect at the time of the commencement of the Employee's Disability.

In all cases, the weekly benefit amount will be equal to or greater than the Employee's benefit calculated by the Employment Development Department. The Claim Administrator will make any necessary adjustments promptly after receiving such notification if the weekly benefit amount is less than the State Disability Plan. The minimum weekly benefit amount is \$50.00.

#### **C. Benefits for Less Than One (1) Week for Disability**

For each day of any **full-time** continuous period of Disability for which benefits are paid and which is less than a full week, the benefit payable shall be one-seventh (1/7th) of the weekly benefit amount.

If Disability is taken intermittently, part-time, or in increments of less than a full week, benefits will be calculated and paid on a wage loss basis, per CUIB 2656.

#### **D. Maximum Total Benefit for Disability**

The maximum benefit amount payable for any one (1) Disability Benefit Period shall be fifty-two (52) times the applicable weekly benefit amount.

#### **E. Disability Determination**

1. A covered Employee may be eligible for Disability benefits if he or she:
  - a. is unable to perform his or her regular or customary work because of a physical or mental illness or injury, including but not limited to pregnancy, childbirth, or related medical condition;
  - b. is unable to work because of a written order from a State or local health officer as defined by CUIB Section 2626 because he or she is infected with, or suspected of being infected with, a communicable disease;
  - c. is referred or recommended by a Physician to participate as a resident in an approved alcoholic recovery program; or
  - d. is referred or recommended by a Physician to participate as a resident in an approved drug-free residential program.
2. The Disability must be supported by a certificate of a Physician or Practitioner, or if hospitalized under the authority of a county hospital in California or a medical facility of the United States, an authorized medical officer of a United States government hospital or medical facility, or a registrar of a county hospital within the State of California. A midwife, nurse midwife, or nurse practitioner may file a certificate in support of a normal pregnancy or childbirth.

However, a certificate is not required:

- a. if, in accordance with CUIB Section 2708.1, the Employee submits evidence of receipt of temporary disability benefits under a workers' compensation law;

- b. if any Employee in good faith adheres to the teachings of any bona fide church, sect, denomination or organization which depends entirely upon prayer or spiritual means for healing, the certificate of a duly authorized or accredited practitioner of such bona fide church, sect, denomination or organization as to the Disability of the Employee and the estimated duration of such Disability, will be accepted;
- c. if an Employee has been referred or recommended by competent medical authority to participate in an approved drug-free residential facility, and an authorized representative of the facility certifies that the Employee is a resident participating in a State approved drug-free residential facility;
- d. if an Employee has been referred or recommended by competent medical authority to participate as a resident of any approved alcoholism recovery home, and an authorized representative of the facility certifies that the Employee is a resident participating in a State approved alcoholism recovery program; or
- e. if an Employee has been ordered not to work by a written order from a state or local health officer because the Employee is infected with, or suspected of being infected with, a communicable disease. Such written order shall be acceptable (for the period specified therein) in lieu of a certificate.

#### **F. Limitations and Exclusions for Disability Benefits**

- 1. Disability benefits paid under this Plan will be reduced by weekly workers' compensation benefits to which the Employee is entitled.
- 2. For residents in an approved alcoholic recovery or drug-free residential program, the State Disability Plan will pay for a period not to exceed ninety (90) days. **This maximum number of days for which benefits are payable noted in the previous sentence does not apply to participants of this Plan.**
- 3. No benefits are payable:
  - a. for any day on which the Disability is not supported by a certificate from a Physician, Practitioner, or other person authorized to certify Disability;
  - b. for any day the Employee is eligible for unemployment insurance benefits from any unemployment compensation act of the Federal Government or any state (including California);
  - c. for any day the Employee is eligible for disability insurance benefits from the Federal Government or any state (including California);
  - d. for any day the Employee receives wages from any employer (excluding vacation pay). However, the Employee may receive wages plus Disability benefits to the extent the combination does not exceed the Employee's weekly wage, excluding overtime pay, immediately prior to the commencement of the Employee's Disability;
  - e. for any day benefits are payable under a workers' compensation or employer liability law of California or any other state, or for the Federal Government for: i) temporary Disability; or ii) permanent Disability benefits for the same injury or illness, in an amount equal to or in excess of the Disability weekly benefit amount payable to the Employee under this Plan.
  - f. if the Employee is confined by court order or certification as a dipsomaniac, drug addict, or sexual psychopath;
  - g. if the Employee has filed with the California Employment Development Department, and each of his or her employers, a statement declaring the Employee's adherence to the faith or teaching of any bona fide religious sect, denomination, or organization and, in accordance with its creed, tenets, or principles, depends upon prayer for healing in the practice of religion, and the Employee's statement disclaims any Disability benefits based on Wages paid while such statement is in effect. This limitation is applicable during the period when such exemption is in effect and for a period of three (3) months following the rescission of such exemption certificate; or

- h. if the Employee's Disability is caused by or arises out of the commission, arrest, investigation, or prosecution of any crime that results in a felony conviction.
- i. if the Employee is incarcerated in any federal, state, or municipal penal institution, jail, medical facility, or public or private hospital or in any other place because of a criminal conviction under a federal, state, or municipal law or ordinance.

#### **IV. Paid Family Leave Benefits**

Any Employee covered under this Plan who takes Paid Family Leave to care for a Family Member's Serious Health Condition, to Bond with a Child, or to participate in a Qualifying Exigency related to the Covered Active Duty or call to Covered Active Duty of the individual's Spouse, Domestic Partner, Child, or Parent in the Armed Forces of the United States will be paid benefits for the period of such leave, subject to the provisions of the "Limitations and Exclusions for Paid Family Leave" listed in Section IV.F.

##### **A. Paid Family Leave Waiting Period**

There is no waiting period for Paid Family Leave benefits.

##### **B. Amount of Benefits for Paid Family Leave**

The amount of weekly benefit for which an Employee is covered under the Plan shall be equal to 70% of their weekly Wages to a maximum of the State Disability Plan weekly benefit amount in effect at the commencement of the Employee's Paid Family Leave. The Paid Family Leave weekly benefit for a claim for Bonding by the biological mother will be 70% of the Employee's weekly Wages that was the basis for the calculation of the Employee's Disability pregnancy claim, to a maximum of the State Disability Plan weekly benefit amount in effect when her Disability commenced.

Employees making less than 70% of the state average quarterly wage shall receive a weekly benefit equal to 90% of their weekly Wages to a maximum of the State Disability Plan weekly benefit amount in effect at the commencement of the Employee's Paid Family Leave. The Paid Family Leave weekly benefit for a claim for Bonding by the biological mother will be 90% of the Employee's weekly Wages that was the basis for the calculation of the Employee's Disability pregnancy claim, to a maximum of the State Disability Plan weekly benefit amount in effect when her Disability commenced.

In all cases, the weekly benefit amount will be equal to or greater than the Employee's benefit calculated by the Employment Development Department. The Claim Administrator will make any necessary adjustments promptly after receiving such notification if the weekly benefit amount is less than the State Disability Plan. The minimum weekly benefit amount is \$50.00.

##### **C. Paid Family Leave Benefits for Less Than One (1) Week**

For each day of any **full-time**, continuous period of Paid Family Leave for which benefits are paid and which is less than a full week, the benefit payable shall be one-seventh (1/7th) of the weekly benefit amount.

If Paid Family Leave is taken intermittently, part-time, or in increments of less than a full week, benefits will be calculated and paid on a wage loss basis, per CUIC 2656.

##### **D. Maximum Total Benefit for Paid Family Leave**

The maximum benefit payable for any one (1) Paid Family Leave Benefit Period shall be eight (8) times the applicable weekly benefit within a Twelve (12)-Month Period.

##### **E. Paid Family Leave Determination**

A covered Employee may be eligible for Paid Family Leave benefits if he or she is unable to perform his or her regular or customary work because he or she is providing care to a seriously ill Family Member, Bonding with a new minor Child, or participating in a Qualifying Exigency resulting from the Employee's Spouse, Domestic Partner, Child, or Parent's military deployment to a foreign country.

1. Providing care to a seriously ill Family Member

The medical eligibility of the Serious Health Condition of the Family Member that warrants the care of the Employee must be established by a certificate from a Physician or Practitioner. The information provided must be within the Physician's or Practitioner's knowledge and must be based on a physical examination and documented medical history of the Family Member.

2. Bonding with a new minor Child

As provided in the California Code of Regulations (CCR), Title 22 Section 2706-2, the supporting documentation must provide satisfactory evidence of: (a.) the relationship between the Employee and the Child and (b.) the birth, adoption, or foster care placement of the Child.

3. Participating in a Qualifying Exigency

In accordance with CUIC Section 3307, the supporting documentation must provide satisfactory evidence of: (a.) the appropriate facts regarding the Qualifying Exigency; (b.) the start and end dates of the requested leave period (including frequency and duration for intermittent leave); (c.) if meeting with a third party, contact information for the individual or entity; and, (d.) a copy of the rest and recuperation orders, if applicable.

**F. Limitations and Exclusions for Paid Family Leave**

1. Paid Family Leave benefits paid under this Plan will be reduced by weekly workers' compensation benefits to which the Employee is entitled.

2. No benefits are payable:

- a. for any day on which the Paid Family Leave is not supported by appropriate documentation;
- b. for any day the Employee is eligible for unemployment insurance benefits from any unemployment compensation act of the Federal Government or any state (including California);
- c. for any day the Employee is eligible for Disability insurance benefits from the Federal Government or any state (including California);
- d. for any day the Employee receives wages from any employer (excluding vacation pay); however, the Employee may receive wages plus Paid Family Leave benefits to the extent the combination does not exceed the Employee's regular weekly wage, exclusive of overtime, immediately prior to the commencement of the Paid Family Leave;
- e. for any period for which benefits are payable under a workers' compensation or employer liability law of California or any other state, or for the Federal Government, for temporary or permanent disability in an amount equal to or in excess of the Paid Family Leave weekly benefit amount for this Plan;
- f. if the Employee has filed with the California Employment Development Department, and each of his or her employers, a statement declaring the Employee's adherence to the faith or teaching of any bona fide religious sect, denomination, or organization and, in accordance with its creed, tenets, or principles, depends upon prayer for healing in the practice of religion, and the Employee's statement disclaims any Paid Family Leave benefits based on Wages paid while such statement is in effect. This limitation is applicable during the period when such exemption is in effect and for a period of three (3) months following the rescission of such exemption certificate; or
- g. for the same period of time in a day for which another Family Member is ready, willing, able, and available to provide the required care.

3. Paid Family Leave does not provide job protection or return rights. As provided in CCR, Title 22 Section 3301(a)-1, an Employee's job may be protected if he/she is eligible for the federal Family Medical Leave Act and the California Family Rights Act. The Employee must notify Human Resources of the reason for taking leave in a manner consistent with the Employer's leave policy.

## **G. Paid Family Leave Continued Claims**

A Paid Family Leave continued claim is a claim for the same Care Recipient within the same Twelve (12)-Month Period, subsequent to the first or re-established claim where there is no interruption of the period for which benefits are claimed.

## **H. Paid Family Leave Re-established Claims**

A Paid Family Leave re-established claim is a claim filed subsequent to a first (1st) claim within the same Twelve (12)-Month Period. A re-established claim occurs when there is one (1) of the following:

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

## **V. Claim Intake Process**

To apply for benefits, the Employee must contact the Claims Administrator The Hartford. Employees may file:

- A. telephonically by calling 1-888-437-8464; or
- B. online at [abilityadvantage.thehartford.com](http://abilityadvantage.thehartford.com)

Except for good cause, a claim must be filed within sixty (60) days from the first (1st) compensable day of Disability or Paid Family Leave.

An Employee who files a claim will receive a Notice of Computation (DE 429D) from the Employment Development Department, which shows the minimum amount he or she should be paid. 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 DE 429D shows no benefits due to 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.

## **VI. Medical Certification Requirements for Disability and Paid Family Leave**

The Employee must establish medical eligibility for each uninterrupted period of Disability or Paid Family Leave by filing a first claim for benefits supported by the certificate of a treating Physician or Practitioner that establishes the sickness, injury, or pregnancy of the Employee or that warrants the care of the Care Recipient. For subsequent periods of uninterrupted Employee Disability or care of the Care Recipient after the period covered by the initial certificate or any preceding continued claim, the Employee must file a continued claim for those benefits supported by the certificate of a treating Physician or Practitioner. A certificate filed to establish medical eligibility for the Employee's own sickness, injury, or pregnancy or that warrants the care of the Care Recipient must contain:

- A. a diagnosis and diagnostic code prescribed in the International Classification of Diseases, or, if no diagnosis has yet been obtained, a detailed statement of symptoms;
- B. a statement of the medical facts, including secondary diagnoses when applicable, within the Physician's or Practitioner's knowledge, that is based on a physical examination and documented medical history of the Employee or Care Recipient by the Physician or Practitioner;
- C. the Physician's or Practitioner's conclusion as to the Employee's Disability or Care Recipient's need for care;
- D. a statement of the Physician's or Practitioner's opinion as to the expected duration of the Disability or need for care; and
- E. the Physician's or Practitioner's name, address, license number and signature.

Under the provisions of the CUIC, the Employer or its authorized Claims Administrator shall have the right to: (A) require supplemental forms from the Physician or those authorized to certify Disabilities as often as



deemed necessary; and (B) examine, at the Plan's expense, any Employee or Family Member claiming benefits under this Plan. The Plan shall have the sole authority to select the examining physician. Failure of the Employee or Family Member to attend any medical examination, or cooperate with the examiner, without good cause, can result in loss of benefits. Continued medical certification, signed by a certified Physician or Practitioner, must be submitted within twenty (20) days of the date the Employee is issued a notice of final payment or the Employee receives a request for additional medical certification, whichever is later. Additional medical certification may be requested when and as often as may be reasonably required during the period payments may be due under this Plan. For both Disability and Paid Family Leave claims, a complete listing of certification requirements will be included in the claim packet.

## **VII. Disability & Paid Family Leave: Proration of Benefits**

### **A. Simultaneous Coverage for Disability Claims**

Simultaneous coverage exists when an Employee is covered by and eligible for Disability benefits from more than one (1) Disability insurance plan, including the State Disability Plan and one (1) or more Voluntary Plans.

When benefits are paid under simultaneous coverage, the liable plans equally share the State Disability Plan weekly and maximum benefit rate. Additionally, each Voluntary Plan pays the difference between the full State Disability Plan rate and the amount of benefit entitlement under that Voluntary Plan. Each Voluntary Plan is counted as one (1) plan. The State Disability Plan is counted as one (1) plan even if the Employee works for more than one (1) State Disability Plan covered employer.

### **B. Simultaneous Coverage for Paid Family Leave Claims**

Simultaneous coverage exists when an Employee is covered by and eligible from one (1) or more plans (including Voluntary Plan and the State Disability Plan) at the time he or she establishes a Care Recipient Period. The plan(s) under which the Care Recipient Period is established in Paid Family Leave remain liable for all claims associated with the same Care Recipient through the end of the Twelve (12)-Month Period, regardless of any change in employment. Liability for Paid Family Leave or Voluntary Paid Family Leave benefits remains with the plan(s) that covered the Employee when the Care Recipient Period was established.

Under simultaneous coverage, each Voluntary Plan is counted as one (1) plan. The State Disability Plan is counted as one (1) plan, even if the Employee works for more than one (1) State Disability Plan covered employer. The plans equally divide the State Disability Plan weekly and maximum benefit rates. Additionally, each Voluntary Plan pays the difference, if any, between the full State Disability Plan benefit and the amount of benefit entitlement under that Voluntary Plan.

## **VIII. Redirection of Benefits**

As provided in CUIC Section 1345, an eligible Employee may choose to redirect a portion of his or her weekly benefit to cover all or part of the cost of Employee-paid benefits. If so, the Employee must designate in writing, on a form available from the Employer, the weekly amount to be redirected. This redirection may be initiated at the time the Employee applies for Voluntary Plan benefits or at any time while receiving Voluntary Plan benefits. The Employee may terminate or change the terms of the redirection of benefits at any time while receiving Voluntary Plan benefits. See Employment Development Department sample form DE 2571.

## **IX. Appeals**

### **A. Appeal of Denial of Disability or Paid Family Leave Benefits**

As provided in CCR, Title 22 Section 5007(c) and CUIC Section 2707.2, an Employee who is denied benefits under the terms of this Plan may appeal the denial within thirty (30) days after service of the denial. An Employee may also appeal if he or she does not receive notice denying benefits within thirty (30) days after the claim was sent to the Voluntary Plan. In such cases, the Employee must file the appeal after thirty (30) days and within sixty (60) days from the date the claim was sent to the Voluntary Plan. In

both cases of denial and lack of notice of denial, the Employee must send the appeal to the Employment Development Department for processing. The Employment Development Department generally does not attend this type of hearing.

Written appeals must be signed and shall include the Employee's name, address, and Social Security number, as well as the name of the Employer and the reason for filing the appeal. Appeals for the denial of Disability benefits may be sent any Employment Development Department office. Appeals for the denial of the Paid Family Leave benefits must be sent to: Paid Family Leave, PO BOX 997017, Sacramento, CA 95899-7017.

## **B. Payment of Benefits Pending Appeal**

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 if the Employee:

1. submits a signed promise to the Voluntary Plan to repay benefits if an Administrative Law Judge rules the Employee is not entitled to further benefits;
2. submits continued certification as required pending the decision; and
3. is otherwise eligible to receive benefits.

This option is not applicable to claims on which the initial determination was a complete denial and no benefits were paid.

## **C. Disputed Coverage Appeals**

As provided in CCR, Title 22 Section 5007(b), an Employee, the Employment Development Department, or the Plan may appeal a denial of coverage for Disability or Paid Family Leave within thirty (30) days of the date the notice of denial was mailed.

In disputed coverage cases in which a denial of coverage is not furnished, an appeal will 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 will be paid benefits by the plan that initially received the claim, pending disposition of the disputed coverage appeal.

## **X. Overpayments**

The Employee will be required to repay any overpayment from the Plan to the extent permitted under the CUIC Section 2735. The Employer will make reasonable arrangements with the Employee or his/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 CUIC.

## **XI. Benefit Enhancement**

**A.** This Voluntary Plan provides several benefits that are considered better than the State Disability Plan. The following benefits qualify as a greater right under CUIC section 3254:

1. Provides a greater duration of benefits than the ninety (90) days prescribed for an individual referred to:
  - a. an approved alcoholic recovery home (III.F)
  - b. a drug-free residential facility (III.F)
2. Allows a claim filing period beyond the 49th consecutive day for period of Disability (Section V)
3. Allows a claim filing period beyond the 41st consecutive day for period of Paid Family Leave (Section V)

**B.** This Voluntary Plan also provides several additional benefits that are considered better than the State Disability Plan, but do not qualify as a greater right under CUIC section 3254:

1. Reduced Employee contribution rate (Section II)

2. Benefits are based upon the Employee's Regular Wages instead of Base Period earnings (Section XII.II)

## XII. Definitions

### A. **Base Period** means the following:

If the claim begins in:

The "Base Period" is the twelve (12) months which ended the preceding:

January, February, or March.....	September 30
April, May, or June.....	December 31
July, August, or September.....	March 31
October, November, or December.....	June 30

The benefit amount is based on the quarter with the highest State Disability Plan taxable wages earned from all of the Employee's employers within the Base Period.

### B. **Bond or Bonding** means to develop a psychological and emotional attachment between a new Child and the Employee.. This includes being in one another's physical presence.

### C. **Calendar Quarter** means a period of three (3) consecutive months commencing with the first (1st) day of January, April, July or October.

### D. **Care Recipient** means either the Family Member who is receiving care for a Serious Health Condition, or the Child with whom the Employee is Bonding.

For the purposes of a Qualifying Exigency, Care Recipient means the military member who is participating in a Qualifying Exigency

### E. **Care Recipient Period** means all periods of Paid Family Leave that an Employee takes within a Twelve (12)-Month Period to care for the same Care Recipient.

### F. **CCR** means the California Code of Regulations.

### G. **Child** has the same meaning as defined in CUIC Section 3302; means a biological, adopted, or foster son or daughter, a stepson, a stepdaughter, a legal ward, a son or daughter of a Domestic Partner, or the person to whom the Employee stands *in loco parentis*. This definition of a Child is applicable regardless of age or dependency status.

### H. **Claims Administrator** means The Hartford.

### I. **Covered Active Duty** has the same meaning as defined in CUIC Section 3302.1; it means, with respect to a member of the regular Armed Forces of the United States, duty during the deployment of the member with the regular armed forces to a foreign country and, with respect to a member of the reserve components of the Armed Forces of the United States, duty during the deployment of the member of those reserve components to a foreign country under a federal call or order to active duty.

### J. **CUIC** means California Unemployment Insurance Code.

### K. **Designated Companies** means:

Name	Voluntary Plan #
1. ClosingCorp, Inc.	10-2928
2. CoreLogic Credco, LLC	10-2929
3. CoreLogic Solutions, LLC	10-2930
4. CoreLogic Spatial Solutions LLC	10-2931
5. CoreLogic Tax Services, LLC	10-2932
6. FNC INC	10-2933
7. Marshall & Swift Boeckh LLC	10-2934
8. Next Gear Solutions LLC	10-2935

9.	Symbility Solutions Corp.	10-2936
10.	CoreLogic, Inc.	EDD to Assign #

**L. Disability** means a covered Employee:

1. is unable to perform his or her regular or customary work because of an illness or injury, whether physical or mental, including elective surgery, pregnancy, childbirth, or related medical condition;
2. is unable to work because of a written order from a State or local health officer as defined by CUIC Section 2626 because he or she is infected with, or suspected of being infected with a communicable disease;
3. has been referred or recommended by a Physician to participate as a resident in an approved:
  - a. alcoholic recovery program to the extent specified in CUIC Section 2626.1; or
  - b. drug-free residential program to the extent specified in CUIC Section 2626.2.

**M. Disability Benefit Period** means the continuous period of unemployment and Disability beginning with the first (1<sup>st</sup>) day with respect to which the individual files a valid claim for benefits. Two (2) 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 shall be considered as one (1) Disability Benefit Period.

**N. Domestic Partner** has the same meaning as defined in Section 297 of the California Family Code.

**O. Employee** means any individual whose service with the Employer is considered employment within the meaning of the CUIC, and such person is not excluded from coverage under this Plan.

**P. Employer** means CoreLogic, and any of its subsidiaries that participate in the Plan.

**Q. Family Member** has the same meaning as defined in CUIC Section 3302; means Child, Grandchild, Grandparent, Parent, Parent-in-law, Sibling, Spouse, or Domestic Partner.

**R. Grandchild** has the same meaning as defined in CUIC Section 3302; the Child of the Employee's Child.

**S. Grandparent** has the same meaning as defined in CUIC Section 3302; the Parent of the Employee's Parent.

**T. Leave of Absence** means an absence from work that has been approved by the Employer under the Employer's leave of absence policy.

**U. Paid Family Leave** means the program that provides up to eight (8) weeks of partial wage replacement benefits to Employees who take time off to Bond with a Child within the first year of the child's birth or placement in connection with foster care or adoption, to care for a Family Member with a Serious Health Condition, or to participate in a Qualifying Exigency.

**V. Paid Family Leave Benefit Period** means a period of unemployment beginning with the first (1<sup>st</sup>) day an Employee establishes a valid claim for Paid Family Leave to care for a seriously ill Family Member, to Bond with a new minor Child during the first (1<sup>st</sup>) year after the birth or placement of the Child in connection with foster care or adoption, or to participate in a Qualifying Exigency related to the Employee's Spouse, Domestic Partner, Child, or Parent's deployment to a foreign country.

Periods of Paid Family Leave for the same Care Recipient within a Twelve (12)-Month Period will be considered one (1) Care Recipient Period.

For purposes of determining coverage, a Disability Benefit Period related to childbirth and a period of Paid Family Leave associated with the birth of that Child will be considered one (1) Disability Benefit Period.

**W. Parent** has the same meaning defined in CUIC Section 3302; means a biological, foster or adoptive Parent, a stepparent, a legal guardian, or other person who stood *in loco parentis* to the Employee when the Employee was a Child.

- X. Parent-in-law** has the same meaning as defined in CUIC Section 3302; the Parent of a Spouse or a Domestic Partner.
- Y. Physician** means physicians and surgeons holding an M.D. or D.O. degree, psychologists, optometrists, dentists, podiatrists, and chiropractic practitioners licensed by California state law and within the scope of their practice as defined by California state law. Psychologist means a licensed psychologist with a doctoral degree in psychology, or a doctoral degree deemed equivalent for licensure by the Board of Psychology pursuant to Section 2914 of the Business and Professions Code, and who either has at least two (2) years of clinical experience in a recognized health setting or has met the standards of the National Register of the Health Service Providers in Psychology. For certification purposes, Physician and Practitioner may be used interchangeably.
- Z. Plan** means a Voluntary Plan established by the Employer pursuant to Part 2 of the CUIC relating to unemployment compensation Disability benefits and Paid Family Leave benefits.
- AA. Practitioner** means a person duly licensed or certified in California acting within the scope of his or her license or certification who is a dentist, podiatrist, physician assistant, or a nurse practitioner and in the case of a nurse practitioner, after performance of a physical examination by a nurse practitioner and collaboration with a physician and surgeon, or as to pregnancy, childbirth, or postpartum conditions consistent with the scope of their professional licensure, a midwife or nurse-midwife, or nurse practitioner. For certification purposes, Physician and Practitioner may be used interchangeably.
- BB. Qualifying Exigency** has the same meaning as defined in CUIC Section 3302.2; means time off to assist a Child, Parent, Spouse, or Domestic Partner deployed to a foreign country on active military service for reasons including, but not limited to, the following: short-notice deployment; attendance in an official ceremony; attendance in a family support program sponsored by the military; arranging or providing childcare; transferring a Child to a new school; making or updating financial or legal arrangements; attending counseling; accompanying the Child, Parent, Spouse, or Domestic Partner while he or she is on short-term rest and recuperation leave; or, attending arrival ceremonies.
- CC. 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 supervision by a health care provider, as defined in Section 12945.2 of the California Government Code.
- DD. Sibling** has the same meaning as defined in CUIC Section 3302; a person related to another person by blood, adoption, or affinity through a common legal or biological Parent.
- EE. Spouse** has the same meaning as defined in CUIC Section 3302; a partner to a lawful marriage as recognized by the Federal Government of the United States.
- FF. State Disability Plan** means the California State Disability Insurance program that provides short-term Disability insurance and Paid Family Leave wage replacement benefits to eligible workers who need time off work. Benefits from this program are administered by the Employment Development Department and are payable from the State Disability Fund pursuant to Part 2 of Division 1 of the CUIC. The Employment Development Department uses the following criteria to determine benefits:

When the amount of wages paid during the highest quarter of the Base Period is less than \$722.50, the weekly benefit amount will be \$50.

When the amount of wages paid during the highest quarter of the Base Period is \$722.50 or more and less than 70% of the state average quarterly wage, the weekly benefit amount will be 90% of the highest quarterly wage, divided by thirteen (13), rounded up to the next higher whole dollar, subject to the maximum weekly benefit as determined under the CUIC.

When the amount of wages paid during the highest quarter of the Base Period is 70% or more of the state average quarterly wage, the weekly benefit will be the greater of:

1. 63% of the state average weekly wage, or

2. 70% of the highest quarterly wage, divided by thirteen (13), rounded up to the next higher whole dollar, subject to the maximum weekly benefit as determined under the CUIC.

**GG. Twelve (12)-Month Period** means the 365 consecutive days that begin with the first (1st) day an Employee first establishes a valid claim for Paid Family Leave.

**HH. Voluntary Plan** means a Voluntary Plan established pursuant to Part 2 of the CUIC.

**II. Wages or Regular Wages** means base salary paid to the Employee by the Employer during the last completed payroll period immediately prior to the commencement date of the Employee's Disability Benefit Period or Paid Family Leave Benefit Period. A retroactive change in the Employee's Wages will not result in a retroactive change in the calculation of the Employee's benefit.

An Employee's weekly wage will be determined as follows:

Employees paid on	Calculation
annual contract basis	Employee's annual contract divided by 52
hourly basis	Employee's hourly pay rate multiplied by the number of hours the Employee is regularly scheduled to work per month; but not more than 40 hours per week
Employee does not have regular work hours	Average number of hours worked per week during the last 12 calendar months (or during period of employment if fewer than 12 months); but not more than 40 hours per week

**Wages include:**

1. Commissions averaged over a 12-month period of actual employment or such shorter period if actual employment was for fewer than 12 months.
2. Contributions made through a salary reduction agreement with the Employer to any of the following:
  - a. An Internal Revenue Code (IRC) Section 125 plan for fringe benefits.
  - b. An IRC 401(k), 403(b), or 457 deferred compensation arrangement.
  - c. An executive nonqualified deferred compensation agreement.

**Wages excludes:**

1. Awards and bonuses
2. Fringe benefits
3. Overtime pay
4. Contributions made by the Employer to any deferred compensation arrangement or pension plan
5. Extra compensation such as payments for revenue sharing, housing allowances, stipends, relocation incentives or buyouts of unused vacations, professional fees, non-qualified income

### **XIII. Other Requirements**

#### **A. Security**

Security, as required by the Employment Development Department, will be deposited to secure the operation of the Plan. The Employment Development Department will determine the amount of the deposit, and the security will be retained by the State Treasurer.

## **B. Reports**

The Employer agrees to furnish to the Employment Development Department the information, reports, and records, as are required by law.

## **C. Assessments**

The Employer agrees to pay all valid assessments or charges levied by the Employment Development Department in accordance with the CUIC. All state assessments and administrative expenses may, at the Employers' discretion, be paid for directly from the Voluntary Plan Fund established for this Plan.

## **D. Withdrawal of Plan**

The Plan shall continue in effect for a period of one (1) year from the original effective date and continuously thereafter unless thirty (30) days advance written notice is given to the Employment Development Department by the Employer or a majority of its Employees for the withdrawal of the Plan. Withdrawal will be effective only on the following dates:

1. The anniversary of the effective date of the Plan next following the filing of the notice;
2. The operative date of any law increasing the benefit amounts provided by CUIC Sections 2653, 2655, and 3301, or
3. The operative date of any change in the worker contribution rate as determined by CUIC Section 984.

## **XIV. Legislative Disclosure**

Senate Bill (SB) 951: Effective January 1, 2025, the wage replacement rate will increase to:

1. 70% up to the maximum State Disability Plan weekly benefit amount or
2. 90% up to the maximum State Disability Plan weekly benefit amount for individuals making less than 70% of the state average quarterly wage.

## **XV. 70%2025Compliance**

Each Employee covered by this Plan will in all respects be afforded rights at least equal to those afforded by the State Disability Plan and will receive a weekly rate, maximum amount, and duration of benefits at least equal to those which the Employee would have received from the State Disability Plan.

No Employee will be excluded or restricted from this Plan due to age, sex, income, or pre-existing health condition.