

PayPal Inc.

2024 VDI Supplement to the California Voluntary Plan

This document is intended to supplement the information included in the
PayPal 2024 California Voluntary Plan

I. Voluntary Plan Snapshot (Page 5)

Weekly Benefit Amount – DI

1. Benefit Class 1 – Employees working twenty (20) hours per week or more.

The amount of the weekly benefit will be seventy percent (70%) of the Employee's Wages or Regular Wages, but not more than one thousand six hundred twenty dollars (\$1,620) per week. The Gross Minimum Weekly Benefit will be sixty dollars (\$60).

2. Benefit Class 2 – Employees working less than twenty (20) hours per week.

The amount of benefit will be equal to seventy percent (70%) of Employee's Wages or Regular Wages, but not more than one thousand six hundred twenty dollars (\$1,620) per week. The Gross Minimum Weekly Benefit will be sixty dollars (\$60).

3. Benefit Class 3 – Employees designated by the Employer as Interns.

The amount of the weekly benefit will be seventy percent (70%) of Employee's Wages or Regular Wage, but limited to the weekly and maximum benefit amount that an Intern would be entitled to receive from the California State Disability Insurance Plan, if he/she were not covered by the PayPal Voluntary Disability Plan.

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

Maximum Weekly Benefit Amount – DI

See above under Weekly Benefit Amount – DI

Maximum Benefit Amount – DI

1. Benefit Class 1 – The maximum benefit payable for any one period of Disability will be up to fifty-two (52) times the applicable amount of weekly benefit as determined above.

2. Benefit Class 2 – The maximum benefit payable for any one (1) Disability Benefit Period, as defined herein, will be equal to fifty-two (52) times the applicable amount of weekly benefit as determined above.

3. Benefit Class 3 – The maximum benefit payable for any one (1) Disability Benefit Period, as defined herein, will be equal to any remaining period of disability will be limited to the amount that would be payable if the employee was receiving benefits under the State Plan.

Weekly Benefit Amount – PFL**1. Benefit Class 1 – Employees working twenty (20) hours per week or more.**

The amount of the weekly PFL benefit will be equal to seventy percent (70%) of the Employee's Wages or Regular Wages up to a maximum weekly benefit of \$1,620. The Gross Minimum weekly Benefit will be sixty dollars (\$60).

2. Benefit Class 2 – Employees working less than twenty (20) hours per week.

The amount of the weekly PFL benefit will be equal to seventy percent (70%) of the Employee's Wages or Regular Wages, up to a maximum weekly PFL benefit of \$1,620. The Gross Minimum weekly Benefit will be sixty dollars (\$60).

3. Benefit Class 3 – Employees designated by the Employer as Interns.

The amount of the weekly benefit will be seventy percent (70%) of Employee's Wages or Regular Wage, but limited to the weekly and maximum benefit amount that an Intern would be entitled to receive from the California State Plan, if he/she were not covered by the PayPal Voluntary Plan.

For each day of any full time continuous period of Family Care Leave for which benefits are paid and which is less than a full week, the amount of benefit payable will be one-seventh (1/7), of the amount of the weekly benefit for each full day during which an Employee is unable to work due to caring for a seriously ill or injured Family Member or Bonding with a new Child within one year of the birth or Placement of the Child in connection with Foster Care or adoption.

If Family Care Leave is taken intermittently or part-time, benefits will be calculated and paid on a wage loss basis, per CUIC 2656.

Maximum Weekly Benefit Amount – PFL

The maximum benefit payable for any one (1) Disability Benefit Period, as defined herein, will be equal to eight (8) times the weekly benefit amount in a Twelve (12) Month Period. Individuals will be eligible for up to Eight (8) weeks of paid benefits under CA PFL.

The maximum amount payable on claims transitioning from pregnancy to Bonding will be eight (8) times the weekly benefit amount described in XV. B. above, regardless of the amount or duration paid on the disability pregnancy claim or the amount of wages in the Base Period used to calculate the Paid Family Leave weekly benefit amount.

VII. Weekly and Maximum Benefit Amounts**A. Voluntary Plan Disability Insurance Weekly Benefit Amount**

The VPDI weekly benefit amount will be equal to or greater than the rate as determined by the SDI program. An employee who files a claim will receive a Notice of Computation (DE 429D) from the Employment Development Department (EDD) that shows the maximum amount they should be paid. If the employee was in the military service, received workers' compensation benefits, or did not work because of a trade dispute during their base period, they 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 the base period, the employee may also be able to substitute wages paid in prior quarters.

See above under [Weekly Benefit Amount – DI/ Maximum Benefit Amount – DI](#)

C. Voluntary Plan Family Leave Weekly Benefit Amount

The VPFL weekly benefit amount will be equal to or greater than the rate as determined by the SDI program. The VPFL weekly benefit amount for bonding claims transitioning from a pregnancy-related VPDI claim will not be less than the weekly benefit amount of the SDI program. This rule applies regardless of the amount or duration paid on the VPDI pregnancy claim or the amount of wages in the base period used to calculate the VPFL weekly benefit amount.

See above under [Weekly Benefit Amount – PFL/ Maximum Benefit Amount – PFL](#)

GG. Voluntary Plan Disability Insurance Waiting Period: The VP must Specify the definition of the waiting period that will be used to determine The disability benefit period if not using the definition of the waiting period in accordance with the California Code of Regulations (CCR), Title 22, section 2627(b)-1.

The waiting period cannot be more than seven consecutive days but is not required to be served consecutively and can be served intermittently while working part-time. VPDI benefits will begin on or by the eighth day of disability.

The waiting period requirement will not apply when the employee has met the waiting period requirement on the initial claim and the employee files a subsequent claim for the same or related cause or condition within 60 days after the original disability benefit period.

For each Disability Benefit Period, the PayPal Voluntary Plan will require all Claimants to serve a seven (7) day non-payable waiting period. Provided all Plan requirements are met benefits will begin on the earlier of:

1. the eighth (8th) consecutive day of Disability;
2. the first (1st) day of Hospital Confinement;

The Employee must have been examined or under the care of a Physician or Practitioner during some portion of the eight (8) day period.

A partial day of Disability during the waiting period will be counted as a full day for purposes of fulfilling the waiting period requirement.

For any questions regarding the PayPal Short Term Disability program, including benefits available from the California Voluntary Disability program, please contact the Disability Administrator, Sedgwick at 855-233-7599.