

**LEISURE LIFESTYLES, INC.  
INTERNATIONAL WORLD OF VACATIONS™  
HUMAN RESOURCES**

**PRACTICE HUMAN RESOURCES NO. 1-3:**

**SUBJECT: HUMAN RESOURCES (HR)**

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6-17 File 20 / 3-6-18 File 21 / 3-6-20 File 21 / 3-6-101 File 101 and  
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**PURPOSE:** The Human Resources organization is established to provide benefits, staffing, employee records, compensation practices, Equal Economic Opportunity (EEO) and affirmative action programs, employee relations, labor relations, training and education, environmental health and safety (EH&S) support for IWV Simulation & Training , (hereafter also referred to as International World of Vacations and IWV respectively) employees and programs. This policy provides the scope, responsibilities, and functional elements of the Human Resources organization for International World of Vacations.

**FUNCTIONS:** Benefits, Compensation/Records Community Affairs (interface Business Development) Environmental, Health and Safety (EH&S) EEO/Affirmative Action Employee Communication, Payroll, Staffing Training and Education



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**Responsibilities:**

The President of IWV shall approve all deviations and waivers to this policy.

The Vice President of Human Resources shall:

Provide guidance to the President's staff in the establishment of human resource standards, metrics, and process methods that ensures a safe work environment, stable and skilled work force and compliance with applicable regulations and requirements.

Structure systems to effectively monitor and control adherence to prescribed IWV policies relating to employee actions.

Establish process metrics, which continuously illustrate opportunities for business performance improvements.

Environmental Health and Safety shall:

Ensure that all personnel in the Company are adequately trained for the tasks they have been assigned.

Develop and implements an EH&S program that ensures compliance with local, state, and federal regulations.

Develop and implement programs that promote employee wellness, employee safety, environmental compliance, productivity and civic responsibility.

**Training and Education shall:**

Provides and administers training and education programs to meet employee performance needs which, in turn, improve job performance and compliance with this policy.

Develop training plan standards for an Organizational Training Plan, Program Training Plans and Individual Training Plans.

Establish and maintain a training program tracking standard, employee education and training records, and a training program database. Training records are reviewed annually and updated as required. Training records for employees, active and inactive, are maintained on-line in the database.

Assess the effectiveness of the training material and methods used and make appropriate changes as required based on feedback from participants or the identification of new requirements. Ensure managers receive orientation on training program activities.

**Employee Benefits shall:**

Design, implement and administer cost-effective employee benefits programs that will encourage employee retention, attract new employees and support company goals.

Ensure all benefit programs are in compliance with local, state and federal regulations.

**Compensation shall:**

Design, implement and administer cost effective employee compensation and pay practice programs that will encourage employee retention, attract new employees and support company goals.

Ensure all compensation programs are in compliance with local, state and federal regulations.

Ensure compliance with DCAA compensation guidelines and company policy.  
Maintain personnel records.

**Staffing shall:**

Develop employment systems, networks, process, method and programs necessary to identify, recruit, interview, capture and retain qualified employees required to operate the business.

Ensure compliance with local, state and federal regulations.

Obtain and manage the necessary physical and people resources to perform the staffing function.

**Labor/Employee Relations & EEO shall:**

Develop, implement, administer and monitor affirmative action plans per government regulations. Promote EEO programs aimed at community outreach, compliance and good business/management practices.

Develop programs, training and communications that promote a positive work environment for employees. **General:**

The Human Resource is composed of specialized functions that provide and contribute to a safe work place, efficient operations, with competitive employee compensation and benefits packages and programs, a qualified workforce, a nondiscriminatory work environment, recognizing a social/community responsibility and in compliance with company, local, state and federal regulations.

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**PRACTICE HUMAN RESOURCES NO. 3-1-FILE 2:**

**SUBJECT:** Standards of Conduct and Employee Performance Improvement Procedure

**APPROVED BY:** President & Vice President, Human Resources

**STATUS:** Original

**PURPOSE:** To insure that proper behavior is present in the workplace and to set a standard of conduct expected of all employees. All Company organizations

**AFFECTED:** organizations

**FUNCTIONS:**

**REFERENCES:** Ethics Policy & Procedure  
Employee Problem Resolution Procedure

**FORMS USED:** None

**DEFINITIONS:** None

**GENERAL:**

The Company has established rules of conduct to protect you, your fellow employees, visitors, suppliers and the Company. Violation of Company rules can result in disciplinary actions leading up to and including discharge from employment. The Company reserves the right to amend, revoke or establish new rules. All employees are required to comply with these rules and standards of appropriate work behavior. Employment is at the mutual consent of the employee and the Company. Either the employee or the Company can terminate the employment relationship at will.

**PRACTICE:**

1. The Company administers a progressive disciplinary action process to ensure a fair method of changing undesirable conduct or performance by employees. The typical process for changing an employee's behavior or job performance is to first coach, encourage and counsel the employee toward acceptable and expected behavior. If improvement and/or corrected behavior do not occur, supervision will invoke formal progressive discipline. Naturally, each of the below steps may involve immediate supervision, two levels of management and Human Resources to conduct a thorough and fair investigation of the facts, events and circumstances applicable to the performance or behavior issue. This includes:
  - a. Verbal discipline conducted by supervision advising the employee of the basis for discipline, communicating the expected behavior and/or performance and explaining future consequences if corrective action is not taken. This is typically done privately with the employee with supervision recording the date and subject matter.
  - b. Written disciplinary letter to be placed in the employee's file citing the date of the verbal discipline, the basis for the current action (incidents since the verbal), expected performance/behavior and explaining future consequences if corrective action is not

taken. Concurrence by the employee that he/she participated in the performance/behavior discussion should be obtained.

c. Suspension disciplinary action includes all the elements in paragraph b. above and should cover any incidents that occurred since the written warning. The suspension time period may vary depending on circumstances and is typically without pay.

d. If behavior or performance is still below expectations or acceptable levels, the employee's employment will be terminated. Supervision will provide written documentation specifying the unsatisfactory performance or behavior since the suspension.

Though the sequential disciplinary process is verbal, written, suspension and termination, each performance or behavior incident will be considered on a frequency and/or severity basis. For example, a serious misconduct incident may warrant an immediate suspension.

2. Many times employee job performance issues and concerns are best addressed with the Performance Improvement Plan (PIP) process. This approach is most suitable for employees who are having quality and/or quantity job performance problems. It is a proactive method to change job performance to acceptable levels. The supervisor discusses with the employee specifically what the performance expectations and concerns are. A written document is generated by supervision (a) identifying the issue, (b) communicating specific work expectations and near term goals, (c) establishing PIP period with specific due dates of the goals, establishing near term progress and feedback sessions with the employee, (d) communicating possible consequences of continued unacceptable performance and finally, recognition of success or failure of the improvement plan. If the employee is not making satisfactory progress during the improvement plan period, the employee will be subject to termination of employment.
3. Although it is not feasible to provide an exhaustive list of types of unacceptable conduct and work performance, the following are examples of such behavior that may lead to a PIP, disciplinary action or termination of employment.
  - a. Insubordination, improper conduct toward a supervisor or refusal to perform tasks assigned by a supervisor in the appropriate manner.
  - b. Release of proprietary information or trade secrets about the Company or its customers to unauthorized individuals or business competitors.
  - c. Theft or unauthorized removal or possession of Company property, or property of fellow employees, suppliers, customers or anyone on Company property.
  - d. Altering, falsifying, destroying or making a material omission of any timekeeping record, or other Company document including employment

applications.

- e. Misusing, destroying or damaging property of the Company, a fellow employee, a customer or a vendor.
- f. Any actual or threatened physical violence, threatening or profane language while on company business.
- g. Making racial or ethnic slurs or engaging in sexual or other forms of harassment against any employee, visitor or others while performing work for the company.
- h. Discrimination against co-workers based on factors of age, race, gender, national origin, religion or disability. There shall be no retaliation against those who have made a complaint based on the factors above.
- i. Unsatisfactory job performance. Failing to maintain proper standards of workmanship and/or productivity, carelessness or interfering with the performance of other employee.
- j. Engaging in any other conduct which, in the judgment of the company, is deemed unacceptable to the company's business posture, the community, customer relations, suppliers, visitors or the norms of travel industry behavior.



*Since 1995*

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**PRACTICE HUMAN RESOURCES NO. 3-1-2 File 3:**

- SUBJECT:** Reduction in Force
- APPROVED BY:** President & Vice President, Human Resources
- STATUS:** Original
- PURPOSE:** To establish the responsibilities and approvals necessary when a Workforce reduction is required.
- AFFECTED:** All functional organizations
- FUNCTIONS:**
- REFERENCES:**
- FORMS USED:** None
- DEFINITIONS:** None
- GENERAL:**

It is the practice of International World of Vacations (hereafter referred to as IWV) that the relationship between the Company and its employees is that of —employment at will. “That is, the Company is free to terminate employees at any time for any or no reason, and that the employee may likewise leave the Company at any time for any or no reason. However, in making workforce reduction decisions, such decisions should be made to benefit the business and to ensure compliance with all applicable federal and state laws prohibiting discrimination in employment.

**PRACTICE:**

The Company may initiate layoffs when there is a lack of work or funds, when business conditions dictate cost reduction initiatives, when a facility is acquired, sold or closed, or when there is an organization change which results in the elimination of specific jobs, functions, processes, projects, programs or activities. Senior management is responsible for communicating with their staff the manpower needs based on business conditions.

- a. The Company shall make its retention and reduction decisions based on one or more of the following criteria: Specific skill sets, level of expertise, comparative job performance, knowledge of particular processes, projects or programs and/or the needs of the organization
- b. Functional management shall develop their recommended list of layoff candidates without regard to age, race, sex, national origin, disability, veteran status, religion or other statutorily prohibited criteria.

**PRACTICE HUMAN RESOURCES NO. 3-1-4 File 4:**

**SUBJECT:** Severance Pay Plan

**APPROVED BY:** Director, Human Resources

**STATUS:** Maintenance Revision

**PURPOSE:** To provide severance benefits to eligible employees who receive formal notifications of layoff.

**AFFECTED:** All functional organizations **FUNCTIONS:**

**REFERENCES:** None

**FORMS USED:** None

**DEFINITIONS:** Reasonable Employment: The employee has the required ability and experience to perform the duties of the offered position, the starting base pay in the new position is no more than fifteen percent (15%) lower than base pay before termination and the new position's location is not more than twenty-five (25) additional miles (one way) from the location of original employment.

Credited Service: Twelve (12) full months of service is determined as of the date of layoff. Credit will not be given for partial years of service. If the employment anniversary occurs during the period in which severance pay is being received, an additional year of Credited Service will not be earned and entitlement to benefits under the Plan will not be lengthened.

Notification Date: Last day worked.

Termination Date: Day following notification date.

Benefit End Date: Date benefits terminate under the Plan as described in Summary Plan Description.

**GENERAL:**

It is the philosophy of the Company to provide eligible employees affected by a reduction in force a transitional package of severance pay and benefit assistance.

**PRACTICE:**

1. Eligibility Qualifications:

- a. A salaried or hourly employee who is not a bargaining unit member or a Service

Contact Act employee

- b. A bargaining unit employee who has agreed to the terms of the Company's Plan.
- c. A regularly scheduled employee who works 20 or more hours per week
- d. An employee who complies with the terms and conditions of the Plan, including executing a general release of claims in the form approved by the Company.

2. Not Eligible:

- a. Cooperative student or intern program employee of IWV
- b. Independent contractors reclassified as a common law employee as a result of an audit by a government agency or as a result of any court action
- c. Contract labor personnel or any other person whose services are leased from a third party
- d. Those paid through accounts payable, as distinguished from the payroll system
- e. Those assigned to perform services under a contract that is subject to the Service Contract Act or Davis Bacon Act
- f. A salaried or hourly bargaining unit employee who has not agreed to the terms of the Plan
- g. When the employee does not execute the release document
- h. Employees regularly scheduled to work less than twenty (20) hours per week
- i. Employees who are terminated because of poor performance, non-performance or misconduct (including, but not limited to, insubordination, dishonesty, theft, violation of the Company's rules and willful destruction of the Company's property)
- j. Voluntary resignations
- k. Death, disability or early or normal retirement where the decision to retire is not in connection with a reduction in force
- l. The sale or transfer of an asset of the business but the employee is offered Reasonable Employment by the acquiring person or entity within a reasonable period of time.

1. 3. Human Resources will determine whether a particular offer of employment qualifies as "Reasonable Employment."

4. Amount of Severance Pay:

- a. All employees eligible for benefits under the Plan will receive two weeks of severance pay (equal to 100% of your base pay) regardless of their decision to sign a Company provided Release Document.
- b. The Release Document must be executed for an employee to be eligible for additional weeks of severance. This additional severance is based on full years of Service. The minimum additional payment is two (2) weeks of severance pay up to a maximum of twenty-six (26) weeks excluding the two weeks identified in 4a.
- c. Service is computed using an employees Service date of record.
- d. An employee working 20 to 40 hours per week (part time) will have the severance benefit prorated.

5. Reductions of Severance:

a. Taxes: Severance pay under the Plan will be subject to employment taxes, like Social Security and Medicare taxes (“FICA”) and federal and state income taxes. Severance pay may also be reduced by the amount of any legally required withholding, such as wage attachments for child support and bankruptcy payments.

b. Benefit Plan Contributions: Severance pay will also be reduced by any required contributions to certain employee benefit plans the employee and dependents participated in before layoff.

c. Medical and Basic Life Insurance Coverage: Participation will continue in medical, vision, dental, health care reimbursement and employer-paid life insurance plans following the date of layoff. The Company will continue to pay its contribution amount for the number of weeks the employee is entitled to receive severance payments. The employee must continue paying for his or her share of coverage during same period.

1. 1. If a gap between the time regular pay ceases and the time severance payments begin the Company will advance the amount needed to pay for the employee’s share of coverage. If the employee begins to receive severance payments, the amount the Company advanced will be deducted from the severance payments pro-rata over the total number of severance payments owed (or under such other reasonable method as the Company may determine).

2. 2. When coverage stops under the medical, vision, dental, health care reimbursement and/or employer-paid life insurance plan, continuation of such benefits for a certain period of time under “COBRA” may occur. The employee must pay the full cost of the premiums under COBRA.

.d. Retirement Plan Coverage: During the period severance pay is received, employees will not continue to participate in the L-3 Communications Master Savings Plan or any applicable pension plan.

.e. Optional Life Insurance, AD&D Insurance, Disability Insurance and Dependent Care Reimbursement Coverage: Deductions will not be taken from severance pay for optional life, insurance accidental death and dismemberment, short-term disability, long-term disability, and dependent care reimbursement. Coverage under these plans will end as of the date of layoff.

f. Education Reimbursement Benefits: Employees will be eligible to receive reimbursement of tuition for successful completion of a Company-approved course that is not approved or fundable through any other source. The maximum education reimbursement benefit available under the Plan is \$2,500. The training or course work must begin no later than twelve (12) months after the date of layoff and all course requirements must be completed no later than eighteen (18) months after the date of layoff.

1. 6. Exception to this policy must be approved by the Director Human Resources and cognizant Vice President.

2. 7. Re-employment: If an employee receives severance pay and is reemployed by L-3 Communications or its affiliates as an employee or leased labor, severance payments will cease. Employees may be eligible to participate in the Severance Plan again if Plan eligibility requirements are satisfied and six (6) months have elapsed from the date of reemployment.

8. Independent Contractor: If an employee is laid off under the Plan, he/she will not be hired by the Company or an affiliate as a consultant or independent contractor for at least six (6) months after the date of layoff.

3. 9. Release Agreement:

The release agreement must be signed within forty-five (45) days before severance payments will be made. The release may be signed sooner than the end of the 45-day consideration period. There will also be a seven (7) day period from the date the release is signed to revoke it.



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**PRACTICE HUMAN RESOURCES NO. 3-1-10 File 6:**

**HARDCOPY  
NOT CONTROLLED**

**SUBJECT:** Contingency Workers

**APPROVED BY:** Director, Human Resources

**STATUS:** Original Release

**PURPOSE:** To have an organized, compliant, efficient and responsive method to acquire contingency workers to satisfy operational business needs. Human Resources is responsible for acquiring the best available talent to meet organizational manpower needs and is responsible for overseeing the placement, payment and release of Contingency Workers.

**AFFECTED:** All Company organizations

**FUNCTIONS:**

**REFERENCES:** None

**FORMS USED:** Contingency Worker Labor Requisition, Form F-9985  
Contingency Worker Separation Checklist, Form F-7140-1  
Purchase Requisition Form F-478-2-B (electronic) or F-478-E (manual)

**DEFINITIONS:** Contingency Workers are defined as non-company employees and are also commonly referred to as “contractors”, “leased workers”, “independent contractors”, “temporaries”, “flexible staff” and “alternative workers”. Contingency workers are either full-time regular or part-time regular employees of the agency or company providing them to IWV. This Practice does not apply to services that are subcontracted such as janitorial, security or grounds maintenance, or consultants.

**PRACTICE:**

1. Human Resources (HR) will identify sources for temporary manpower and establish processes for ingress/egress of contingency workers, communicate work rules and expectations, establish criteria of the contract, ensure Equal Economic Opportunity (EEO) compliance, coordinate selection, communicate with agency regarding problems or issues. HR shall also identify candidate suppliers to the IWV Procurement along with a completed purchase requisition to facilitate award of an appropriate contractual vehicle that will enable the selection of manpower resources as required. The contractual vehicles utilized for the purpose of

procuring contingency workers shall typically be blanket purchasing agreements awarded for a fixed duration. HR shall endeavor to ensure maximum utilization of existing agreements to avoid unnecessary administrative efforts. HR will take precaution to ensure that the temporary workers are not considered employees of IWV by the vendor, the individual, or the Company.

1. 2. Procurement - Procurement is responsible for the solicitation, negotiation, selection and award of all contingency worker subcontracts. Contingency worker labor and services requirements, authorized by properly approved requisitions from the Director of HR, are acquired by purchase orders or procurement agreements, as appropriate, and issued by Procurement in accordance with established practices.
2. 3. Security - Security considerations are the responsibility of the IWV Security and shall be addressed in accordance with established practices. Badges will be issued at the beginning of a work assignment and will be retrieved at the end of any assignment.
3. 4. Information Technology (IT) - IT will assign the contingency worker access to the network resources if required and will terminate access upon the contingency worker's departure.
4. 5. Functional Departments and Organizations - Functional Departments and Organizations requiring contingency workers shall provide HR with all necessary information that fully describes the required need in accordance with F9985. Additionally, the requesting organization shall obtain necessary approvals to the Director level and forward the completed form to HR for identification and selection of vendor and candidates.



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**PRACTICE HUMAN RESOURCES NO. 3-1-17 File 7:**

**SUBJECT:** Employment of Relatives APPROVED BY: President & Vice President, Human Resources

**STATUS:** Original PURPOSE: To establish the responsibilities, restrictions and approvals necessary when relatives of employees are hired by the Company.

**AFFECTED:** All International World of Vacations (IWV) employees.

**DEFINITIONS:** Relative - spouse, child, parent, sibling, grandparent, grandchild (including step and in-law relationships), legal guardian or any other person resident in the employee's home.

**GENERAL:**

Our staffing objective is to consider all sources of qualified applicants when filling job openings.

It is, however, important not to compromise or undermine the manager/subordinate relationship in the employment process. This practice addresses the hiring, promotion or transfer of employee/relatives and other employment relationships that may create an inappropriate organizational structure.

**PRACTICE:**

1. Employees and their relatives may work for International World of Vacations; however it is recommended that they do not directly report to one another.



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**PRACTICE HUMAN RESOURCES NO. 3-2-2 File 8:**

- SUBJECT:** Training Records  
President & Vice President, Human Resources
- APPROVED BY:** Maintenance Revision
- STATUS:**
- PURPOSE:** Defines records that are maintained by the Training Group
- AFFECTED:** All International World of Vacations Employees
- FUNCTIONS:**
- REFERENCES:** International World of Vacations Training Manual
- FORMS USED:** Training Completion  
Training Enrollment  
Transcript Modification Request  
Training Roster  
Training Waiver
- DEFINITIONS:** Course Catalog – A listing of training and education program items
- Employee Training Database – Any database that contains IWV employee training history information .

**PRACTICE:**

1. Course Catalog

- 1.1 The IWV Training Group is responsible for maintaining a catalog of all courses listed on Level 1 or Level 2 training matrices. This catalog shall, as a minimum:
- 1.1.1 Contain a listing of all training courses identified in Level 1 and Level 2 training matrices with corresponding training course descriptions that provide additional information about each course.

**HARDCOPY  
NOT CONTROLLED**

Practice Training No. 3-2-2

1. 1.1.2 Contain a separate listing of all training events to include items such as seminars, workshops, customized training and rollout courses as determined by the IWV. The courses on this list will be maintained for history information for a minimum of two years after a training event has occurred.
2. 1.1.3 Be controlled by the training. Control activities shall include maintaining the master catalog file, updating the catalog when new courses are added or deleted, identifying the catalog version by date and revision, and ensuring only the most current version is available to IWV employees.
  - 1.2 A manager may request a course for inclusion in the course catalog. Prior to inclusion in the course catalog, requests are reviewed and approved by IWV.

2. Employee Training Database

1. 2.1 The training shall maintain accurate records of employee training requirements and history. Records shall be maintained in accordance with IWV's standard processes.
2. 2.2 The training, as required, shall record individual training events, both planned and completed, using electronic records, departmental training plans, training enrollment forms, training rosters, training completion forms and/or training waivers.
3. 2.3 The training, upon request, shall provide either a hardcopy printout, electronic copy or on-line access to reports based on the employee training database records to managers for their group and/or to employees for their own record.
4. 2.4 Managers are responsible for updating their Training Plans as required or at least quarterly. Management and employees shall use their Departmental Training Plan and/or transcript modification request to submit changes or corrections to the employee training database. This is required to ensure an accurate status of an employee's training requirements and history.

**HARDCOPY  
NOT CONTROLLED**

Practice Training No. 3-2-2

3. Employee Training Waiver

1. 3.1 Training waivers allow employees a means to document prior learning and work experience in relation to required training.

.3.2 Training Waiver Request Procedures

1. 3.2.1 Requests for training waivers are submitted on a training waiver form by an employee via their functional manager.

2. 3.2.2 Functional managers certify that an employee has demonstrated achievement of the performance objectives of the course being waived.

3. 3.2.3 The original document is sent to the Training Manager and the

4. 3.2.4 The Training Manager approves Training Waiver requests.

5. 3.2.5 Upon approval, training waivers are included in the training database and reflected on the employee's training history.



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**PRACTICE HUMAN RESOURCES NO. 3-4-4 File 9:**

**HARDCOPY  
NOT CONTROLLED**

**SUBJECT:** Workers' Compensation Administration

**APPROVED BY:** Director, Human Resources

**STATUS:** Maintenance Revision

**PURPOSE:** Establishes responsibilities and requirements relative to the administration of the Workers' Compensation Program.

**AFFECTED FUNCTIONS:** IWV Simulation & Training

**REFERENCES:** Environmental, Health and Safety (EHS) Practice **3-4-5, "Environmental, Health and Safety Notifications and Reporting"**  
EHS Work Instruction **3-4-103, "Accident Reporting and Investigation"**  
EHS Work Instruction **3-4-104, "Workers' Compensation Administration"**  
Human Resources (HR) Practice **3-6-2, "Personal Time Off (PTO)"**

**FORMS USED:** F-7052, "Accident Report/Workers' Compensation"  
F-7053, "Supervisor's Accident/Incident Investigation Report"  
F-7043, "IWV Employee Action Form"  
Occupational Safety and Health Administration (OSHA) Form 301, "Supplementary of Occupational Injuries & Illnesses"

**DEFINITIONS:** Occupational Injury or Illness - An injury or illness arising out of and during the course of employment.

PLHCP – Physician Licensed Health Care Provider

**PRACTICE:**

1. IWV provides benefits for occupational injuries or illnesses as required by applicable State law.
  - 1.1 It is IWV's intent to return all employees, who have suffered an occupational injury or illness, to full or limited work as soon as their medical condition allows. This policy, however, is not intended to constitute a guaranteed right to return to work for such employees.

**HARDCOPY  
NOT CONTROLLED**

Practice Environmental, Health and Safety No. 3-4-4

1. 1.2 IWV's Workers Compensation Program is administered by cognizant Environmental, Health and Safety (EHS) personnel.
2. 1.3 Investigations of all occupational injuries/illnesses are conducted by the cognizant EHS, Department Manager or Supervisor, and the injured employee.
3. 1.4 IWV provides, all reasonable and necessary medical care for occupational injury/illness, through physician licensed health care provider(s) (PLHCP), selected/approved by IWV and coordinated with the workers' compensation insurance carrier (if applicable).
4. 1.5 Concerted efforts are made to accommodate employees and their limitations resulting from occupational injuries or illnesses in order to expedite their return to work.
5. 1.6 When an employee suffers an occupational injury or illness which disables the employee from working, full pay is given, exclusive of overtime, for the day on which the injury occurred. If the employee does not return on the next work day following an injury of illness, EHS, HR, and the employee's manager will coordinate compensation benefits.
6. 1.7 When an employee requires treatment and/or examination for an occupational injury/illness, the employee is normally scheduled during regular working hours and is provided reasonable time off with pay, not to exceed normal shift periods. Employees covered under the Company's "Flex Time" policy are encouraged to make this time up. When treatment is outside of regular working hours, the employee is not compensated. Employees unable to make up the time under the Company's "Flex Time" policy will, at the discretion of the employee's manager, EHS and HR personnel, be provided the option to charge time per the guidelines described within EHS Work Instruction **3-4-104** or their PTO account. PTO charges will be in accordance with Practice **3-6-2**.
7. 1.8 Payment of temporary total disability benefits is made according to the applicable State Law and as appropriate integrated with the Company's personal. time off or long-term disability income insurance benefits. Long-term benefits are available to the employee after 13 consecutive weeks of disability. Short-term disability may not be used to supplement workers' compensation

**HARDCOPY  
NOT CONTROLLED**

Practice Environmental, Health and Safety No. 3-4-4

2. Responsibilities

2.1 Environmental, Health and Safety (EHS) shall:

a. EHS is charged with the management and administration of the Workers' Compensation Program for IWV. These activities may include, but are not limited to, investigating work-related injuries and illnesses, filing and coordinating claims, monitoring and posting all applicable Federal, State and Local regulations and notifications, assistance in legal proceedings, coordinating with PLHCP(s) and coordinating and assisting with return-to-work programs.

b. Further information on EHS responsibilities and actions may be found in EHS Work Instruction **3-4-104**.

2.2 Human Resources shall:

a. Human Resources works with management to modify the employee's current work tasks or to locate a suitable position to accommodate the employee's medical restrictions, when feasible and work is available.

2.3 Management shall:

a. Ensures that all occupational injuries/illnesses are reported to within 24 hours and in accordance with IWV Practice **3-4-5**, "Environmental, Health and Safety Notifications and Reporting."

b. Ensures that the requirements of EHS Work Instructions **3-4-103** and **3-4-104** have been addressed with EHS, HR and affected employees.

2.4 Employees shall:

a. Notify supervision immediately of an occupational injury or illness, when they are unable to return to work and coordinate with EHS per

**HARDCOPY  
NOT CONTROLLED**

Practice Environmental, Health and Safety No. 3-4-4

Work Instruction **3-4-103** and **3-4-104** to address work-related injury or illness issues.



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**PRACTICE HUMAN RESOURCES NO. 3-4-104 File 11:**

**SUBJECT:** Workers' Compensation, Medical Services and First Aid Administration  
**APPROVED BY:** Manager, Environmental, Health and Safety  
**STATUS:** Maintenance Revision  
**PURPOSE:** Establishes responsibilities and requirements relative to the administration of the Workers' Compensation Program.  
**AFFECTED:** IWV Simulation & Training  
**FUNCTIONS:** organizations  
**REFERENCES:** IWV Environmental, Health and Safety (IWV) Practice **3-4-5, "Environmental, Health and Safety Notifications and Reporting"** IWV Human Resources (HR) Practice **3-6-2 "Personal Time Off (PTO)"**

**FORMS USED:** F-7052, "Accident Report/Workers' Compensation"  
F-7053, "Supervisor's Accident/Incident Investigation Report"  
F-7043, "IWV Employee Action Form"  
Occupational Safety and Health Administration (OSHA) Form 301, "Supplementary of Occupational Injuries & Illnesses"  
Concentra Health Centers Authorization for Treatment

**DEFINITIONS:** Occupational Injury or Illness - An injury or illness arising out of and during the course of employment.

PLHCP – Physician Licensed Health Care Provider

**1. GENERAL:**

1. 1.1 IWV provides benefits for occupational injuries or illnesses as required by applicable State law.
2. 1.2 It is IWV's intent to return all employees, who have suffered an occupational injury or illness, to full or limited work as soon as their medical condition allows. This policy, however, is not intended to constitute a guaranteed right to return to work for such employees.
1. 1.3 IWV's Workers Compensation Program is administered by cognizant Environmental, Health and Safety (IWV) personnel.
2. 1.4 Investigations of all occupational injuries/illnesses are conducted by the cognizant IWV, Manager or Supervisor, and the injured employee.
3. 1.5 IWV provides, all reasonable and necessary medical care for occupational injury/illness, through physician licensed health care provider(s) (PLHCP) selected/approved by IWV and coordinated with the workers' compensation insurance

located in frequent employee traffic areas throughout IWV facilities. First aid cabinets are inspected on a minimum monthly basis and the inventory of supplies replenished as necessary. IWV, Security, or an IWV designated site representative is responsible for inspections and replacement of material in first aid cabinets.

4. 1.6 Concerted efforts are made to accommodate employees' and their limitations resulting from occupational injuries or illnesses in order to expedite their return to work.

5. 1.7 When an employee suffers an occupational injury/illness which disables the employee from working, full pay is given, exclusive of overtime, for the day on which the injury occurred. If the employee does not return on the next work day following an injury of illness, IWV, HR, and the employee's manager will coordinate compensation benefits.

6. 1.8 When an employee requires treatment and/or examination for an occupational injury/illness, the employee is normally scheduled during regular working hours and is provided reasonable time off with pay, not to exceed normal shift periods. Employees covered under the Company's "Flex Time" policy are encouraged to make this time up. When treatment is outside of regular working hours, the employee is not compensated. Employees unable to make up the time under the Company's "Flex Time" policy will, at the discretion of the employee's manager, IWV and HR personnel, be provided the option to charge time per the guidelines described within this work instruction or to their PTO. PTO charges will be in accordance with Practice **3-6-2**.

Instruction Environmental, Health and Safety No. 3-4-104

1.9 Payment of temporary total disability benefits is made according to the applicable State Law and as appropriate integrated with the Company's personal time off or long-term disability income insurance benefits. Long-term benefits are available to the employee after 13 consecutive weeks of disability. Short-term disability may not be used to supplement workers' compensation.

## 2. Responsibility

### 2.1 Environmental, Health and Safety (IWV)

- a. IWV is charged with the management and administration of the Workers' Compensation Program for IWV.
- b. IWV shall coordinate filing of Workers' Compensation claims with the Workers' Compensation insurance carrier.
- c. IWV shall implement and administer this procedure through the respective Workers' Compensation Administrator or designee.
- d. IWV shall monitor and post all applicable Federal, State, and Local Workers' Compensation notices for review by all employees.
- e. IWV coordinates with the Workers' Compensation insurance carrier and provides assistance in legal proceedings.
- f. IWV shall maintain Workers' Compensation files including time sheets authorizing or denying workers compensation charges, documentation for capturing loss

time and provide Payroll with information on compensation received by employee from workers compensation insurance carrier.

g. IWV coordinates with approved PLHCP(s) for all work-related injuries/illness. IWV coordinates inspections and inventory replacement of first aid supplies

h. IWV coordinates medical fitness for work and identifies appropriate physical limitations for the affected employee in coordination with the assigned Medical Provider.

Instruction Environmental, Health and Safety No. 3-4-104

i. Provide appropriate time charge information to employees who may incur a work related injury or illness and require time off for medical evaluation and/or physical therapy.

j. If addressed on company time, work related injury and illness medical evaluations and/or physical therapy appointments should be scheduled before or after the company core working hours of 9:00 A.M. – 3:00 P.M. EST.

## 2.2 Human Resources

- a. Human Resources shall work with management to modify the employee's current position, or to locate a suitable position to accommodate the employee's medical restrictions, when feasible and work is available.

## 2.3 Management:

- a. Ensures that all occupational injuries/illnesses are reported to the IWV within 24 hours and in accordance with IWV Practice **3-4-5**, “Environmental, Health and Safety Notifications and Reporting.”
- b. Assures that injured employees receive appropriate first aid or emergency treatment through Company designated personnel, company provided supplies or medical treatment facility.
- c. Investigates injuries /illnesses and provides IWV with a completed “Accident Report/Workers’ Compensation Injuries & Illness Form” and any additional information necessary for completion of the workers’ compensation filing requirements.
- d. As necessary, complete F-7043, “IWV Employee Action Form” notifying HR and IWV of an employee’s time off from work as a result of a work related injury or illness.
- e. Notifies IWV and HR when an employee is absent from work or returns to work from an occupational injury/illness absence.
- f. Is responsible for the placement of the employee returning from medical leave due to an occupational injury/illness.

Instruction Environmental, Health and Safety No. 3-4-104

## 2.4 Employees:

- a. Notify supervision immediately of an occupational injury/illness.

Employees assigned to an offsite location shall report all injuries/illnesses to the immediate lead person or site manager assigned to that location. The lead person shall then insure an accident report is filed with IWV within 24 hours.

- b. Immediately inform supervision when they are unable to return to work due to an occupational injury/illness absence.

- c. Obtain authorization from IWV for treatment, beyond emergency care, under the Workers' Compensation Program.

- d. Notify IWV if medical evaluations and/or physical therapy appointments are scheduled during the company's core working hours of 9:00 A.M. – 3:00 P.M. EST.



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**PRACTICE HUMAN RESOURCES NO. 3-5-1 File 12:**

**SUBJECT:** Privacy of Employee Information

**APPROVED BY:** President & Vice President, Human Resources

**STATUS:** Original

**PURPOSE:** Provides guidelines with regard to what personal information is gathered on an employed and what information is included in the employee's personnel file.

**AFFECTED:** All International World of Vacations Employees

**FUNCTIONS:**

**REFERENCES:** None

**FORMS USED:** None

**DEFINITIONS:** None

**GENERAL:**

It is the policy of IWV to accumulate only that personal information about an employee that is required by law or necessary to the operation of the Company.

**PRACTICE:**

1. The Human Resources keeps a master personnel file on each individual employed by IWV. These files are directly related to employment decisions regarding employees, employment history, job performance, and personnel transactions. Personal information included in the personnel file includes data such as social security number, or information that locates an individual, such as home address and phone number.

1. Employee personnel files are the property of IWV.

2. Release of Information

a. Information collected on an employee will not be released within the Company to anyone except a person who has a "need to know" and will not be released outside the Company except pursuant to subpoena, legal mandate, or investigatory need, or with permission of the employee, or in the limited form of confirming employment in terms of last job title, location, and dates of employment.

b. Managers who receive requests for references should refer the person to Human Resources.

### 3. Inspection of Information

- a. Employees have the right to inspect the personnel file maintained by the Human Resources once each year. If upon inspection, the employee finds any material believed to be inaccurate or erroneous, the employee may request an interview with the organization's custodian of records (Human Resources) to discuss a revision of the file.
- b. Employees can make written notes in regard to any and all documents in the file. An employee's manager may inspect a personnel file.

### 4. Retention Period

- a. The personnel file on a terminated employee will be retained indefinitely or destroyed only with the approval of either the Human Resources or Legal.

### 5. Working Papers

- a. IWV Human Resources has the authority to collect and utilize temporary information in working paper form in order to complete personnel actions necessary to the operation of the Company. Human Resources has the responsibility to safeguard against unauthorized access to such working paper.



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**PRACTICE HUMAN RESOURCES NO. 3-5-2 File 13:**

Salary and Wage Administration

**SUBJECT:**

**APPROVED BY:** President & Vice President, Human Resources

**STATUS:** Original

**PURPOSE:** Defines the Company's compensation philosophy and the approach the Company will apply in administering programs that affect the salaries and wages of its employees.

**AFFECTED:** All International World of Vacation Employees.

**REFERENCES:** All applicable Federal, State and local regulations

**FORMS USED:** Provided

**DEFINITIONS:** Exempt Position Category - Positions which qualify for exemption from the mandatory overtime payment provisions of the Fair Labor Standards Act and any applicable federal, state, or local laws or regulations.

Non-exempt Position Category - Positions subject to the mandatory overtime and other provisions of the Fair Labor Standards Act and any applicable federal, state, or local laws or regulations.

Wage Determination Position Category - Positions determined by contract to be governed by the provisions of the Service Contract Act.

Graded Positions - Positions where the salaries are administered on the basis of salary grades and within the limits of established salary ranges.

Upgraded Positions - Positions where the salaries are not administered on the basis of salary grades or within the limits of established salary ranges.

Salary Range - The minimum through the maximum dollar value of a salary grade.

Position Description - A general statement of a position's functions, objectives, and skill requirements.

Merit Increase - The award of a higher salary to employees whose position, duties, and responsibilities remain essentially unchanged. Varying the amount of the merit increase recognizes differences in performance.

Promotions - The change of an employee from one position to

another that results in assignment to a salary grade having a higher maximum salary.

Lateral Transfer - The change of an employee from one position to another that does not result in a change in salary grade.

Downgrade - The change of an employee from one position to another that results in assignment to a salary grade having a lower maximum salary.

Inequity - An inequity exists when an individual rate of pay is clearly below the rate paid internally (internal equity) and/or in the labor market (external equity) for a specific job. When making market comparisons, education, years of relevant experience and service with IWV are taken into consideration.

Base Pay - The hourly rate or salary paid for a job performed. Does not include shift differentials, benefits, overtime, incentive premiums, or any pay element other than the base rate.

**GENERAL:**

1. The compensation program's general purpose is to attract, retain, motivate, and reward the quality workforce necessary to accomplish the mission and goals of the Company, while maintaining competitive program costs by:
  - a. Rewarding employees individually and collectively.
  - b. Providing opportunities for cross-training, career skills development, and lateral movement that can lead to broad-based assignments, and
  - c. Achieving competitive pay delivery through a market and internally ranked job evaluation system, where the goal is to have the average pay for any given classification fall within the market range for that classification.
  - d. The Company will assure base pay equity and proper strategic direction through the use of a formal salary management system.
  - e. Compensation programs will be designed and administered to reward/reinforce strong performance measured against specific measures/goals and to redirect and improve poor performance.
  - f. A system of job classifications will be used to categorize jobs with similar skills, educational requirements, and levels of responsibility.
  - g. Salary ranges and corresponding salary grades will be developed such that the middle third of each range will represent the market range for the positions represented by the salary grades.
  - h. Compensation programs will be formally structured to assure competitiveness and equity, yet will retain sufficient flexibility to recognize individual situations and economic realities.

- i. Compensation program philosophies and processes will be communicated to participants to assure proper understanding and full motivational value.
- j. The compensation program will be regularly reviewed to maintain ongoing competitiveness and relevance to the Company.
- k. The compensation program meets applicable wage-hour law requirements for wages and benefits as required by federal, state, or local laws, or by contractual specification.
- l. Employees involved in setting and administering compensation and payroll-related practices will receive ongoing training as necessary.

**PRACTICE:**

Management annually reviews salaries for all eligible employees. Salary increases are

granted based on an employee's performance, their salary relationship in their position's salary grade range and the merit budget allocation. Management slots employees into proper classification based upon job content, proposes new or changed positions, reviews employee performance and approves individual salaries in accordance with IVW policies

The Company establishes annual salary increase budgets that are approved by the President as a percent of payroll. Budgets cover merit increases and promotions.



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**PRACTICE HUMAN RESOURCES NO. 3-6-1 File 14:**

**SUBJECT:** Employee Assistance Program

**APPROVED BY:** President, Vice President Human Resources

**STATUS:** Original

**PURPOSE:** Provide employees and management with a confidential counseling and referral service

**AFFECTED:** All IWV Employees

1. IWV recognizes that a certain percentage of its employees will experience a variety of problems that may have an adverse effect on job performance. These problems include, but are not limited to, illnesses such as chemical dependency, emotional disturbances, social and health problems, family problems, legal problems, financial difficulties, and stress-related problems.

2. IWV believes it is in the best interest of the Company, the employee, and the employee's family to provide a service which deals with the above mentioned problems. The Employee Assistance has four main objectives:

- To retain valued employees.
- To restore productivity through early identification of problems.
- To motivate employees to seek assistance.
- To offer effective professional assistance to both the employee and the company.

An individual's participation in the Employee Assistance will remain confidential.

Each employee bears primary responsibility for his or her own job performance. Employees whose job performance becomes substandard are not exempted from their personal obligation to seek diagnosis and appropriate treatment.

Implementation of this policy will not require nor result in any special regulations, privileges, or exemptions from the administrative practices applicable to job performance requirements.

Since an employee's job performance may also be affected when a family member is suffering from a problem, the Company extends the same offer of assistance to any member of the employee's immediate family.

**PRACTICE:**

**Program Referrals**

Employees and family members can avail themselves of this service by direct contact with the COMPANY provider.

The manager can consult with Human Resources in conjunction with the Company on an employee and arrange referrals as needed. It is the responsibility of all managers to implement this practice.

The Company will make referrals to Company only when job performance or attendance is affected. The Company has no desire to intrude upon an individual's private life.

Employees participating in the management referral process will be handled as follows:

- a. Company counselors will obtain a signed Release of Information on the first session from employees referred by management. With this signed consent, Company will notify management of Company attendance. If an employee who was referred by management does not follow through with the Company treatment recommendation, the manager will be notified by Company. It should be understood by all parties that whether the employee participates in counseling or not, the employee is still expected to correct any job performance problems.
- b. One of the basic functions of a manager is to identify poor job performance and take corrective action. Certain Company personnel only becomes involved when deteriorating job performance is due to an apparent medical or behavioral problem, resulting in inconsistent or poor performance.

### **PERSONAL PROBLEMS:**

An employee's personal problems can, at times, become obstructions to productive job performance. In some instances, the employee can resolve the problem independently, or with the manager's assistance. Naturally, the Human Resources has an employee relations specialist to assist employees. When these solutions prove inadequate, the employee can utilize the employee assistance for counseling.



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**PRACTICE HUMAN RESOURCES NO. 3-6-3 File 16:**

**SUBJECT:** Holidays

**APPROVED BY:** President & Vice President, Human Resources

**STATUS:** Original

**PURPOSE:** Establishes paid holidays for eligible employees.

**AFFECTED:** All IWV Management Employees

**FUNCTIONS:** None

**REFERENCES:** None

**DEFINITIONS:** None

**GENERAL POLICY:**

1. It is the policy of the Company to provide employees with paid holidays determined by the operation to which they are assigned. The nature of the business operation and of the required customer interface will be the factor that establishes paid holidays.

**PRACTICE:**

2. IWV recognizes the following six (6) holidays for all employees within the affected functions:

New Year's Day  
Memorial Day  
Independence Day  
Labor Day  
Thanksgiving Day  
Christmas Day

This holiday schedule will be posted and communicated to all applicable employees.

When a holiday falls on Sunday, the following Monday is normally observed as the holiday; when it falls on Saturday, the preceding Friday is normally observed.

To be paid for the holiday, eligible employees must:

Be in a company-paid status the last scheduled workday before a holiday and the first scheduled workday following a holiday (i.e., employees terminating must be actively

at work following the holiday in order to receive holiday pay).

Be on the Company records as an active employee in a paid status. (i.e., employees hired the day following a holiday are not eligible for holiday pay.)

Employees scheduled by management to work on the day the holiday is observed will be paid as follows:

Non-exempt employees - in accordance with the overtime requirements of the state in which the employee is based.

Exempt employees - straight time for the holiday, plus any pay due for time worked that day.

Holidays must be either taken or paid within the affected pay period in which the holiday falls.

The President must approve exceptions to this practice.



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**PRACTICE HUMAN RESOURCES NO. 3-6-4 File 16:**

**SUBJECT:** Jury Duty

**APPROVED BY:** President & Vice President, Human Resources

**STATUS:** Maintenance Revision

**PURPOSE:** To define the criteria where the company will provide employees with paid time off for jury duty

**AFFECTED:** All IWV Management Employees

1. IWV recognizes the obligation of its employees to fulfill their responsibilities as citizens when they are selected for Jury Duty.

**PRACTICE:**

2. In the event an employee serves on jury duty, the company compensates full-time employees who are eligible for benefits, as follows:

Time off not to exceed the limits of the prevailing state law, or up to a maximum of ten (10) working days in a twelve-month period, whichever is greater. Exceptions must be approved by the Vice President, Human Resources.

Pay is based on the employee's regular rate of pay for each work day so spent, including jury duty examination time. Pay for eligible part-time employees is pro-rated based on their average number of hours worked per week in the preceding month.

Each day an employee reports to jury duty, regardless of the number of hours spent, is counted against the ten (10) day limit.

If jury duty is served on a company holiday, an eligible employee will be paid holiday pay for that day.

When an employee receives a jury duty notice, he/she must provide a copy to his/her supervisor and Human Resources. While on jury duty the employee should stay in touch with their supervisor each day to keep him/her up to date. Upon completion of jury duty, the employee must present evidence of having served as a juror to the immediate supervisor and Human Resources.

If less than four (4) hours is served in a day the employee must return to work. Employees serving less than four (4) hours on night court are required to report to work for their next scheduled shift.

Benefits will continue while on paid jury duty.

Time off is charged according to the applicable account number listed on the weekly time sheet.

**PRACTICE HUMAN RESOURCES NO. 3-6-5 File 16:**

**SUBJECT:** Bereavement Leave

**APPROVED BY:** President, Vice President, Human Resources

**STATUS:** Original

**PURPOSE:** To define the criteria where the company will provide employees with paid time off for bereavement leave

**AFFECTED:** All IWV Management Employees

In the event of a death within an employee's immediate family, IWV will provide reasonable time off as needed without loss of pay to full-time employees who are eligible for benefits.

Paid time off may be granted due to the death of a spouse, child, parent, sibling, grandparent, grandchild (including step and in-law relationships), legal guardian or any other relative resident in the employee's home.

Employees are paid at their regular rate of pay for up to three (3) days [up to five (5) days if out-of-town travel is required] as determined by the employee's immediate manager. Pay for eligible part-time employees is pro-rated based on their average hours worked per week in the preceding month.



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**PRACTICE HUMAN RESOURCES NO. 3-6-7 File 17:**

**SUBJECT:** Military Leaves of Absence (Exhibits A, B, and C)

**APPROVED BY:** President & Vice President Human Resources

**STATUS:** Maintenance Revision

**PURPOSE:** To define the criteria where the Company will provide employees with time off for military purposes.

**AFFECTED:** All IWV Management Employees

**REFERENCES:** Uniformed Services Employment and Reemployment Rights Act (USERRA) October 1994

**PRACTICE:** None

**Military Reserve Duty**

The employee requesting the Leave for Military Reserve Duty must submit request in writing to their Supervisor/Manager. The Supervisor/Manager will submit to HR the approved Request for Military Leave of Absence placing the employee on leave.

The company compensates all active employees scheduled to work 20 or more hours per week, for annual military training up to a maximum of ten (10) working days during a military year (October 1 - September 30).

The pay for military leave is calculated as the difference between military pay, including flight premiums (for the time spent on military duty which occurs on an employee's regularly-scheduled workday, including holidays) and allowances other than travel pay, and the company pay for the scheduled work-week at the straight-time base rate.

Compensation will be granted for holidays that fall within the period of temporary military duty. This will be granted as paid time off upon return from such temporary service, and as approved by the Supervisor/Manager. Notification to Human Resources is required.

**Military Leave**

An unpaid leave of absence will be granted to any employee who enters active military service in the Army, Navy, Air Force, Coast Guard, or Marine Corps either at the

call of the Government or voluntarily under the conditions set forth in, or comparable to those of, the Universal Military Training and Service Act of 1951 and will comply with all applicable federal and state laws.

The employee requesting the leave must submit in writing, Request for Leave to their Supervisor/Manager. The Supervisor/Manager will submit to HR the approved Request for Leave of Absence placing the employee on leave.

### **Re-Employment of Veterans**

- 3 An employee who returns from military service will be reinstated to their former position, or a similar position, without loss of seniority or status unless IWV's circumstances have so changed as to make it impossible or unreasonable to do so.

## **REQUEST FOR LEAVE OF ABSENCE**

### **INSTRUCTIONS**

1. 1. Notify your supervisor of your intent to take a leave of absence at least 30 days prior to the leave, if practicable.
2. 2. Obtain the Request for Leave of Absence form F-0086 from Human Resources or from the Word templates on the network.
3. 3. Complete the Request for the Leave of Absence form and return it to your supervisor.
4. 4. Your supervisor will send the original Request for Leave of Absence form to Human Resources, Benefits.

### **If you are going on a Disability or Family and Medical Leave of Absence, the following applies:**

1. 5. If the leave is being taken for the birth of a child or for your own serious illness, contact Human Resources, Benefits, for the Personal Physician's Report form F-0089 and for information on —How to Report a Disability Claim“ to CIGNA.
2. 6. If the leave is for the placement of a child with the employee for adoption or foster care, attach legal documentation.
3. 7. If the leave is for the care of an employee's immediate family member who has a serious health condition, provide the —Certification of Health Care Provider form, F-0088.
4. 8. Human Resources, Benefits will provide you with the — Employer Response to Employee Request for Family or Medical Leave form and will discuss the leave provisions with you.



**REQUEST FOR LEAVE OF ABSENCE**

EMPLOYEE NAME

\_\_\_\_\_  
Last First M.I.

Employee's Location \_\_\_\_\_ Employee # \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Is spouse employed by L-3 Communications?  (Yes)  (No)

If yes, list name and division: \_\_\_\_\_

Type of leave requested: *(Check each that applies)*

<input type="checkbox"/> Military	<input type="checkbox"/> Personal	<input type="checkbox"/> Educational	<input type="checkbox"/> Disability*	<input type="checkbox"/> Family and Medical*
Explain in box below (#5)				

**\* PAID AND UNPAID LEAVE TIME APPLIED TOWARD 12-WEEK MAXIMUM ALLOWED UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)**

**Reason for requested leave of absence**

1.  Birth of a child of the employee
2.  Placement of a child with the employee for adoption or foster care. (Attach legal documentation)
3.  To care for an immediate family member (spouse, child, or parent) with a serious health condition. (Provide the "Certification of Health Care Provider", Form F-0088.)
4.  Because of my own serious health condition which makes me unable to perform the essential functions of my position. (Contact Human Resources, Benefits, for the Personal Physician's Report Form, F-0089, and, if enrolled in STD, information on "How to Report a Disability Claim" to CIGNA.)
5.  Other \_\_\_\_\_

The original of the Request for the Leave of Absence form must be provided to your supervisor at least 30 days prior to the leave start date, if practicable.

Upon return from the leave, I understand that my health and welfare benefit premiums will be deducted from my pay check(s) unless I elected to discontinue coverage during the leave. If I fail to return to work, Link may recover premiums paid to maintain health and welfare benefit coverage.

**Sign and date below and return to your supervisor.**

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

F-0086-A

**EXHIBIT —B**  
**BENEFIT CONTINUATION WHILE ON MILITARY RESERVE DUTY**

<b>Benefit</b>	<b>Status</b>
Medical/Vision, Dental, Employee Assistance	<ul style="list-style-type: none"> <li>• Retroactive deductions are taken once employee returns to work.</li> </ul>
Employee Basic Life Insurance	<ul style="list-style-type: none"> <li>• Company paid during military reserve duty.</li> </ul>
Group Universal Life Insurance Plan (GUL)	<ul style="list-style-type: none"> <li>• Retroactive deductions are taken once employee returns to work.</li> </ul>
Accidental Death & Dismemberment Insurance (AD&D)	<ul style="list-style-type: none"> <li>• Retroactive deductions are taken once employee returns to work.</li> </ul>
Disability Insurance (STD & LTD)	<ul style="list-style-type: none"> <li>• Retroactive deductions are taken once employee returns to work.</li> </ul>
Health Care Flexible Spending Account	<ul style="list-style-type: none"> <li>• Retroactive deductions are taken once employee returns to work.</li> </ul>
Dependent Care Flexible Spending Account	<ul style="list-style-type: none"> <li>• Eligibility and deductions stop while on leave of absence.</li> </ul>
Pension (for eligible employees)	<ul style="list-style-type: none"> <li>• The applicable Pension Plan document will govern with regard to accredited service.</li> </ul>
Master Savings Plan	<ul style="list-style-type: none"> <li>• Contributions and any company match cease. Separate arrangements must be made for repaying loans.</li> </ul>
Employee Stock Purchase Plan (ESPP)	<ul style="list-style-type: none"> <li>• Employee can continue participation by making contributions via personal check. If contributions are not paid while on leave, they will not continue after the employee returns to work. The employee will need to reenroll at the next offering period.</li> </ul>
Voluntary Deductions	<ul style="list-style-type: none"> <li>• Suspended for duration of leave of absence.</li> </ul>
METPAY	<ul style="list-style-type: none"> <li>• Automatic deduction stops.</li> <li>• The employee must notify MetLife of change in pay status.</li> </ul>
Paid Time Off (PTO)	<ul style="list-style-type: none"> <li>• Paid Time Off accrues for each month in which employee works at least one day.</li> </ul>
Vacation for SCA employees	<ul style="list-style-type: none"> <li>• Vacation accrues on a yearly basis according to the schedule Service Contract Act. Adjustments will be made based on length of leave.</li> </ul>

**EXHIBIT —C**  
**BENEFIT CONTINUATION WHILE ON MILITARY LEAVE OF ABSENCE**

<b>Benefit</b>	<b>Status</b>
Medical/Vision, Dental, Employee Assistance Program	<ul style="list-style-type: none"> <li>• For leaves of 30 days or less, benefits continue at the employee’s regular contribution..</li> <li>• For leaves of 31 days or more, coverage terminates on employee’s last day worked. Continuation of benefits is available through COBRA.</li> </ul>
Employee Basic Life Insurance	<ul style="list-style-type: none"> <li>• Coverage terminates on employee’s last day worked.</li> <li>• Employee has the option to convert coverage within 31 days from last day worked.</li> </ul>
Group Universal Life Insurance Plan (GUL)	<ul style="list-style-type: none"> <li>• The employee is responsible for payment during the leave.</li> </ul>
Accidental Death & Dismemberment Insurance (AD&D)	<ul style="list-style-type: none"> <li>• Coverage terminates on employee’s last day worked.</li> <li>• Employee has the option to convert coverage within 31 days from last day worked.</li> </ul>
Disability Insurance (STD & LTD)	<ul style="list-style-type: none"> <li>• Coverage terminates on employee’s last day worked.</li> <li>• Employee has the option to convert LTD coverage within 31 days from the last day worked if the employee has been covered for the previous 12 consecutive months.</li> </ul>
Health Care Flexible Spending Account	<ul style="list-style-type: none"> <li>• Coverage and contributions can be continued through COBRA on an after-tax basis.</li> </ul>
Dependent Care Flexible Spending Account	<ul style="list-style-type: none"> <li>• Eligibility and deductions stop while on leave of absence.</li> </ul>
Pension (for eligible employees)	<ul style="list-style-type: none"> <li>• The applicable Pension Plan document will govern in regard to accredited service.</li> </ul>
Master Savings Plan	<ul style="list-style-type: none"> <li>• Contributions and any company match cease.</li> <li>• Separate arrangements must be made for repaying loans.</li> </ul>
Employee Stock Purchase Plan	<ul style="list-style-type: none"> <li>• Employee can continue participation by making contributions via personal check. If contributions are not paid while on leave, they will not continue after the employee returns to work. The employee will need to reenroll at the next offering period.</li> </ul>
Voluntary Deductions	<ul style="list-style-type: none"> <li>• Suspended for duration of leave of absence.</li> </ul>
METPAY	<ul style="list-style-type: none"> <li>• Automatic deduction stops.</li> <li>• The employee must notify MetLife of change in pay status.</li> </ul>
Paid Time Off (PTO)	<ul style="list-style-type: none"> <li>• Paid Time Off accrues for each month in which employee works at least one day.</li> </ul>
Vacation for SCA employees	<ul style="list-style-type: none"> <li>• Vacation accrues on a yearly basis according to the schedule Service Contract Act. Adjustments will be made based on length of leave.</li> </ul>

**PRACTICE HUMAN RESOURCES NO. 3-6-12 File 10:**

**SUBJECT:** Personal Leave of Absence (Exhibits A & B)

**APPROVED BY:** President & Vice President, Human Resources

**STATUS:** Maintenance Revision

**PURPOSE:** Defines the criteria where the Company authorizes personal absences from work without pay.

**AFFECTED:** IWV Management Employees

Absence without pay for personal reasons such as personal or family emergencies, or obligations not provided for otherwise in the Human Resources Family and Medical Leave Practice, may be granted to active employees who work 20 or more hours per week.

The employee requesting a personal leave of absence without pay may first use any other paid leave to which they are entitled (i.e., vacation). Both paid and unpaid time will count as part of the 90-day maximum for job reinstatement provisions.

The employee requesting a leave must complete and submit to his/her Supervisor/Manager Request for Leave of Absence Form (Exhibit —A“) and explain the reason for the leave.

Requests for personal leave may be denied if substantial hardship for the Company is apparent.

If the Supervisor/Manager approves the leave, he/she will complete the IWV Employee Action form and submit along with the Request for Leave of Absence form, to HR.

Personal absences will be subject to the following approvals:

<b><u>Length of Time</u></b>	<b><u>Approval Level</u></b>
0 - 30 days	Manager /Supervisor
31 - 90 days	President & Vice President, Human Resources

The employee returning from an unpaid personal leave of absence will be returned to their former position or to a similar position if replacement has been necessary during the absence.

An employee on an unpaid personal leave of absence accepting other employment, becoming self-employed or failing to return to work at the end of the leave of absence will be considered as having voluntarily terminated.

1. 9. Benefit Continuation
- 9.1 Please refer to Exhibit —B

### **EXHIBIT —A REQUEST FOR LEAVE OF ABSENCE**

**INSTRUCTIONS:**

1. Notify your supervisor of your intent to take a leave of absence at least 30 days prior to the leave, if practicable.
2. Obtain the Request for Leave of Absence form from Human Resources or from the Word templates on the network.
3. Complete the Request for the Leave of Absence form and return it to your supervisor.
4. Your supervisor will send the original Request for Leave of Absence form with, to Human Resources, Benefits.

**If you are going on a Disability or Family and Medical Leave of Absence, the following applies:**

5. If the leave is being taken for the birth of a child or for your own serious illness, contact Human Resources.
6. If the leave is for the placement of a child with the employee for adoption or foster care, attach legal documentation.
7. If the leave is for the care of an employee's immediate family member who has a serious health condition, provide copy of family members Doctors report of family members illness.
8. Human Resources, Benefits will provide you with the —Employer Response to Employee Request for Family or Medical Leave form and will discuss the leave provisions with you.



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**EXHIBIT —A (CONT)**  
**FORM F-0086 REQUEST FOR LEAVE OF ABSENCE**



**REQUEST FOR LEAVE OF ABSENCE**

EMPLOYEE NAME

\_\_\_\_\_  
Last First M.I.

Employee's Location \_\_\_\_\_ Employee # \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Is spouse employed by L-3 Communications?  (Yes)  (No)

If yes, list name and division: \_\_\_\_\_

Type of leave requested: *(Check each that applies)*

- |                                   |                                   |                                      |                                      |  |
|-----------------------------------|-----------------------------------|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Military | <input type="checkbox"/> Personal | <input type="checkbox"/> Educational | <input type="checkbox"/> Disability* | <input type="checkbox"/> Family and Medical* |
| Explain in box below (#5)         |                                   |                                      |                                      |  |

**\* PAID AND UNPAID LEAVE TIME APPLIED TOWARD 12-WEEK MAXIMUM  
ALLOWED UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)**

**Reason for requested leave of absence**

1.  Birth of a child of the employee
2.  Placement of a child with the employee for adoption or foster care. (Attach legal documentation)
3.  To care for an immediate family member (spouse, child, or parent) with a serious health condition. (Provide the "Certification of Health Care Provider", Form F-0088.)
4.  Because of my own serious health condition which makes me unable to perform the essential functions of my position. (Contact Human Resources, Benefits, for the Personal Physician's Report Form, F-0089, and, if enrolled in STD, information on "How to Report a Disability Claim" to CIGNA.)
5.  Other \_\_\_\_\_

The original of the Request for the Leave of Absence form must be provided to your supervisor at least 30 days prior to the leave start date, if practicable.

Upon return from the leave, I understand that my health and welfare benefit premiums will be deducted from my pay check(s) unless I elected to discontinue coverage during the leave. If I fail to return to work, Link may recover premiums paid to maintain health and welfare benefit coverage.

**Sign and date below and return to your supervisor.**

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

F-0086-A

**EXHIBIT —B**  
**BENEFIT CONTINUATION WHILE ON APPROVED UNPAID PERSONAL**  
**LEAVE**  
**OF ABSENCE (greater than 30 days)**

<b>Benefit</b>	<b>Status</b>
Medical/Vision, Dental, Employee Assistance Program (EAP)	<ul style="list-style-type: none"> <li>• Coverage remains in effect. The employee is responsible for his or her contribution during the approved leave.</li> </ul>
Employee Basic Life Insurance	<ul style="list-style-type: none"> <li>• If employee is eligible for coverage, it remains company-paid during the leave.</li> </ul>
Group Universal Life Insurance Plan (GUL)	<ul style="list-style-type: none"> <li>• The Employee is responsible for payment of premiums.</li> </ul>
Accidental Death & Dismemberment Insurance (AD&D)	<ul style="list-style-type: none"> <li>• Employee is responsible for payment during the leave.</li> </ul>
Disability Insurance (STD & LTD)	<ul style="list-style-type: none"> <li>• Coverage terminates on employee's last day worked.</li> <li>• Employee has the option to convert LTD coverage within 31 days from last day worked if the employee has been covered for at least 12 consecutive months.</li> </ul>
Health Care Flexible Spending Account	<ul style="list-style-type: none"> <li>• Employee can continue participation by making contributions via personal check during the leave. This allows the employee to submit expenses incurred for reimbursement.</li> </ul>
Dependent Care Flexible Spending Account	<ul style="list-style-type: none"> <li>• Eligibility and deductions stop while on leave of absence.</li> </ul>
Pension (for eligible employees)	<ul style="list-style-type: none"> <li>• The applicable Pension Plan document will govern with regard to credited service.</li> </ul>
Master Savings Plan	<ul style="list-style-type: none"> <li>• Contributions and any company match cease. Separate arrangements must be made for repaying loans.</li> </ul>
Employee Stock Purchase Plan	<ul style="list-style-type: none"> <li>• Employee can continue participation by making contributions via personal check. If contributions are not paid while on leave, they will not continue after the employee returns to work. The employee will need to reenroll at the next offering period.</li> </ul>
Voluntary Deductions	<ul style="list-style-type: none"> <li>• Suspended for duration of leave of absence.</li> </ul>
METPAY	<ul style="list-style-type: none"> <li>• Automatic deduction stops.</li> <li>• The employee must notify MetLife of change in pay status.</li> </ul>
Paid Time Off (PTO)	<ul style="list-style-type: none"> <li>• Paid Time Off accrues for each month in which employee works at least one day.</li> </ul>
Vacation for SCA employees	<ul style="list-style-type: none"> <li>• Vacation accrues on a yearly basis according to the schedule in the applicable Service Contract Act. Adjustments will be made based on length of leave.</li> </ul>

**PRACTICE HUMAN RESOURCES NO. 3-6-17 File 20:**

**SUBJECT:** Educational Leave of Absence (Exhibits A and B)

**APPROVED BY:** President & Vice President, Human Resources

**STATUS:** Maintenance Revision

**PURPOSE:** Defines the criteria where the Company will provide employees with time off for educational purposes.

**AFFECTED:** All IWV Management Employees

**FUNCTIONS:**

**REFERENCES:** None **FORMS USED:** Form F-0086, Request for Leave of Absence  
IWV Employee Action Form, F-7043-1

**DEFINITIONS:** None

**GENERAL:** IWV encourages employees to broaden their knowledge and increase their potential through continuing education. Therefore, IWV will provide time off from work for educational reasons to qualified employees.

**PRACTICE:**

1. Leaves of absence without pay may be granted to employees with more than one year of service to enable them to pursue a degree in a work-related discipline at a recognized college or university.
2. Such leaves will be at a time duration as approved individually based on an anticipated completion of the degree work, but will not normally exceed twelve (12) months. Employees not returning at conclusion of Educational Leave of Absence will be considered as voluntarily terminated.

The employee must submit Request for Leave of Absence Form (Exhibit —A“) to their Supervisor/Manager.

1. Leaves for educational purposes must be approved in advance by the appropriate Vice President, Human Resources. If approved, the Supervisor/Manager will submit to HR Benefits the IWV Employee Action Form (EAF) placing the employee on leave.
2. When an employee returns from an educational leave, the Company will make an effort to return the employee to his/her former position, or to a similar position if replacement has been necessary during the employee’s absence. However, if Company circumstances have changed such that no opening is available, returning employees will receive first consideration for placement in openings existing in their skill field.
3. Benefit Continuation refer to Exhibit —B“.

**EXHIBIT —A“**  
**REQUEST FOR A LEAVE OF ABSENCE**

**INSTRUCTIONS**

1. Notify your supervisor of your intent to take a leave of absence at least 30 days prior to the leave, if practicable.
2. Obtain the Request for Leave of Absence form from Human Resources or from the Word templates on the network.
3. Complete the Request for the Leave of Absence form and return it to your supervisor.
4. Your supervisor will send the original Request for Leave of Absence form, to Human Resources, Benefits.

**If you are going on a Disability or Family and Medical Leave of Absence, the following applies:**

1. If the leave is being taken for the birth of a child or for your own serious illness, contact Human Resources, Benefits, for the Personal Physician’s Report form and for information on —How to Report a Disability Claim.
2. If the leave is for the placement of a child with the employee for adoption or foster care, attach legal documentation.
3. If the leave is for the care of an employee’s immediate family member who has a serious health condition, provide the —Certification of Health Care Provider“ form
4. Human Resources, Benefits will provide you with the — Employer Response to Employee Request for Family or Medical Leave and will discuss the leave provisions with you.



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**EXHIBIT —A (CONT)  
FORM F-0086 REQUEST FOR LEAVE OF ABSENCE**



**REQUEST FOR LEAVE OF ABSENCE**

EMPLOYEE NAME

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
 Employee's Location \_\_\_\_\_ Employee # \_\_\_\_\_ SSN: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Is spouse employed by L-3 Communications?  (Yes)  (No)

If yes, list name and division: \_\_\_\_\_

Type of leave requested: *(Check each that applies)*

<input type="checkbox"/> Military	<input type="checkbox"/> Personal	<input type="checkbox"/> Educational	<input type="checkbox"/> Disability*	<input type="checkbox"/> Family and Medical*
Explain in box below (#5)				

**\* PAID AND UNPAID LEAVE TIME APPLIED TOWARD 12-WEEK MAXIMUM  
ALLOWED UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)**

**Reason for requested leave of absence**

1.  Birth of a child of the employee
2.  Placement of a child with the employee for adoption or foster care. (Attach legal documentation)
3.  To care for an immediate family member (spouse, child, or parent) with a serious health condition. (Provide the "Certification of Health Care Provider", Form F-0088.)
4.  Because of my own serious health condition which makes me unable to perform the essential functions of my position. (Contact Human Resources, Benefits, for the Personal Physician's Report Form, F-0089, and, if enrolled in STD, information on "How to Report a Disability Claim" to CIGNA.)
5.  Other \_\_\_\_\_

The original of the Request for the Leave of Absence form must be provided to your supervisor at least 30 days prior to the leave start date, if practicable.

Upon return from the leave, I understand that my health and welfare benefit premiums will be deducted from my pay check(s) unless I elected to discontinue coverage during the leave. If I fail to return to work, Link may recover premiums paid to maintain health and welfare benefit coverage.

**Sign and date below and return to your supervisor.**

_____ Employee Signature	_____ Date
_____ Supervisor Signature	_____ Date

F-0086-A

**EXHIBIT —B—**  
**BENEFIT CONTINUATION WHILE ON EDUCATIONAL LEAVE OF ABSENCE**

<b>Benefit</b>	<b>Status</b>
Medical/Vision, Dental, Employee Assistance Program (EAP)	<ul style="list-style-type: none"> <li>• Coverage terminates on employee’s last day worked.</li> <li>• Continuation of benefits is offered through COBRA.</li> </ul>
Employee Basic Life Insurance	<ul style="list-style-type: none"> <li>• Coverage terminates on employee’s last day worked.</li> <li>• Employee has the option to convert his/her coverage within 31 days from last day worked.</li> </ul>
Group Universal Life Insurance Plan (GUL)	<ul style="list-style-type: none"> <li>• The employee is responsible for payment while on leave.</li> </ul>
Accidental Death & Dismemberment Insurance (AD&D)	<ul style="list-style-type: none"> <li>• Coverage terminates on employee’s last day worked.</li> <li>• Employee has the option to convert coverage within 31 days from last day worked.</li> </ul>
Disability Insurance (STD & LTD)	<ul style="list-style-type: none"> <li>• Coverage terminates on employee’s last day worked.</li> <li>• Employee has the option to convert LTD coverage within 31 days from last day worked if the employee has been covered for the previous 12 consecutive months.</li> </ul>
Health Care Flexible Spending Account	<ul style="list-style-type: none"> <li>• Coverage and contributions can be continued through COBRA on an after-tax basis.</li> </ul>
Dependent Care Flexible Spending Account	<ul style="list-style-type: none"> <li>• Eligibility and deductions stop while on leave of absence.</li> </ul>
Pension (for eligible employees)	<ul style="list-style-type: none"> <li>• The applicable Pension Plan document will govern in regard to accredited service.</li> </ul>
Master Savings Plan	<ul style="list-style-type: none"> <li>• Contributions and any company match cease. Separate arrangements must be made for repaying loans.</li> </ul>
Employee Stock Purchase Plan (ESPP) – Pending Implementation	<ul style="list-style-type: none"> <li>• Employee can continue participation by making contributions via personal check. If contributions are not paid while on leave, they will not continue after the employee returns to work. The employee will need to reenroll at the next offering period.</li> </ul>
Voluntary Deductions	<ul style="list-style-type: none"> <li>• Suspended for duration of leave of absence.</li> </ul>
METPAY	<ul style="list-style-type: none"> <li>• Automatic deduction stops.</li> <li>• The employee must notify MetLife of change in pay status.</li> </ul>
Paid Time Off (PTO)	<ul style="list-style-type: none"> <li>• Paid Time Off accrues for each month in which employee works at least one day.</li> </ul>
Vacation for SCA	<ul style="list-style-type: none"> <li>• Vacation accrues on a yearly basis according to the schedule in the applicable Service Contract Act. Adjustments will be made based on length of leave.</li> </ul>

**PRACTICE HUMAN RESOURCES NO. 3-6-18 File 21:**

**SUBJECT:** Communications Master Savings Plan - 401(k) (Pending Implementation)

**APPROVED BY:** L. Joubert, Human Resources **STATUS** Original **PURPOSE** Defines the eligibility, contributions, vesting, loans and withdrawals and distributions with regard to the Master Savings Plan – 401(k)

**AFFECTED:** IWV Simulation & Training.

**REFERENCES:** None

**DEFINITIONS:** None

**GENERAL:**

1. Participation is voluntary. An employee may elect to save money on a pre-tax and/or after-tax basis.

**PRACTICE:**

**Eligibility**

1. 2.1 All active employees, including employees covered by the Service Contract Act or a Collective Bargaining Agreement.
2. 2.2 Participation in the plan may begin as soon as administratively possible after hire.

**3. Employee Contributions**

- 3.1 Employees may contribute from 1% to 17% of their compensation on a pre-tax basis, after-tax basis or a combination of both.
  - a. The Internal Revenue Code limits the dollar amount of pre-tax contributions that an employee may make each year to the Plan. If a participant reaches the pre-tax limit, his/her contributions cease unless the participant makes a formal request to continue contributing on an after-tax basis. The participant must also make a formal request through Fidelity to change back to pre-tax contributions effective the first of the next year.
1. 3.2 Employees direct the investments of their pre-tax and after-tax contributions by choosing among the investment options the Plan offers.
2. 3.3 Contributions are deducted from each bi-weekly paycheck and updated with Fidelity as soon as administratively possible.
3. 3.4 Pre-tax contributions do not have current federal income taxes or state income taxes deducted.

4. 3.5 The employee pays current federal and state income taxes on after-tax contributions.

#### **4. Employer Contributions**

1. 4.1 Employees receive a 100% company match on the first 4% that is contributed to the plan each pay period.
2. 4.2 If an employee's pre-tax contribution ceases due to reaching the IRS limit, the employer contribution also ceases unless the participant continues contributing on an after-tax basis.
3. 4.3 Employees covered by the Service Contract Act do not receive a company match.
4. 4.4 Employees covered by a Collective Bargaining Agreement.
5. 4.5 Employer matching contributions, if any, are invested in the L-3 Stock Fund.
6. 4.6 Employer matching contributions must remain in the L-3 Stock Fund until age.

#### **5. Vesting**

1. 5.1 Employees are always fully vested in pre-tax, after-tax, rollover contributions, and investment earnings on these accounts.
2. 5.2 Employees are fully vested in the Employer matching contributions, and any investment earnings attributable to them.

#### **6. Loans**

3. 6.1 Active employees with a vested account balance of at least \$2,000 may take a loan from their account for any reason.
3. 6.2 Employees may have only one outstanding loan at a time.
5. 6.3 The minimum amount an employee may borrow is \$1,000.00. The maximum is the lesser of 50% of the value of the vested account balance or \$50,000, reduced by the highest loan balance during the preceding 12 months.
6. 6.4 Loans are repaid in equal installments over the term of the loan through payroll deductions. Principal and interest repayments are credited to accounts according to the investment elections in effect at the time of repayment.
7. 6.5 The interest rate, which will stay constant throughout the term of the loan, is equal to the prime interest rate plus one percent.
8. 6.6 The loan repayment period may be from one to five years, unless it is a loan to purchase a principal residence which may then be for up to 30 years. The full outstanding balance may be repaid at any time via certified check or money order.
9. 6.7 If a scheduled loan repayment is not made for more than 90 days, the loan will be considered in default. Interest will accrue during any period of default. Unless the full outstanding loan payment is made within 30 days of being in default, the employee is deemed to have received a distribution from the plan in the amount equal to the remaining outstanding loan amount. This distribution will be reported to the IRS as a taxable distribution and may be subject to the additional 10% tax the applies to taxable

Plan distributions made before age 59-1/2.

## **7. Withdrawals**

7.1 Withdrawals from the plan may only be made from accounts under certain circumstances – regular withdrawals and hardship withdrawals.

1. 7.2 Regular withdrawals – employees may make up to one regular withdrawal a year of their after-tax contributions and rollover contributions. Employees who are at least age 55 may withdraw their employee matching contributions.
2. 7.3 If under age 59-1/2, employee's withdrawal may be subject to an additional 10% penalty tax. If age 59-1/2 or older, the employee's withdrawal may not be subject to the 10% penalty tax.
3. 7.4 Hardship Withdrawals – employees may take a hardship withdrawal if under age 59-1/2 from their pre-tax contributions account only if a financial hardship is proven.
4. 7.5 If a hardship withdrawal is taken, pre-tax and after-tax contributions to the plan will be suspended for 12 months and the amount of the pre-tax contribution in the year following the suspension will be reduced by the amount of pre-tax contributions made in the year the hardship withdrawal was taken.
5. 7.6 All withdrawals are paid in cash, except if the employee elects to receive the portion of the withdrawal taken from the L-3 Stock Fund in cash or shares of L-3 common stock.

## **8. Distributions**

1. 8.1 Employees may elect to receive their vested account balance upon termination with the Company.
2. 8.2 If the vested account balance is \$5,000 or less upon termination, a distribution of the vested account balance will be paid in a lump sum payment.
3. 8.3 If the vested account balance is more than \$5,000 upon termination, terminated employees may elect to receive a distribution of the vested account balance at any time in either a lump sum or installments.  
Practice Human Resources No. 3-6-18
4. 8.4 Terminated employees may instruct the Plan to roll over all or part of a single lump sum distribution to an IRA or another tax-qualified employer plan.

**PRACTICE HUMAN RESOURCES NO. 3-6-20 File 21:**

**SUBJECT:** Disability Leave of Absence

**APPROVED BY:** Director, Human Resources

**STATUS:** Maintenance Revision

**PURPOSE:** Establishes the basis on which Disability Leave of Absence will be granted.

**AFFECTED:** IWV Simulation & Training

**FUNCTIONS:** Division (hereafter referred to as IWV) organizations, with the exception of employees covered by a Collective Bargaining Agreement  
**REFERENCES:** IWV Practice 3-4-4, —**Worker’s Compensation** FORMS USED: IWV Employee Action Form (EAF), F-7043-1

Request for Leave of Absence form, F-0086 Personal Physician’s Report, F-0089

**DEFINITIONS:** None

**GENERAL:**

The disability benefits program is designed to provide employees with financial protection in the event they become unable to work due to a non-occupational illness or injury.

All Active employees, who work 20 or more hours per week, are eligible to request: •

Disability and Leave of Absence

**PRACTICE:**

1. 1. All active employees, who work 20 or more hours per week, are eligible for enrollment in the Short-Term Disability (STD) and/or Long-term Disability (LTD) Plans

2. 2. STD and LTD Plan Coverage Levels

2.1 If STD and LTD coverage is not elected during the first 31 days of employment, the carrier requires evidence of insurability.

2.2 STD Coverage

a. The company provides all eligible employees (with the exception of employees covered by the Service Contract Act or a Collective Bargaining Agreement) with the basic STD insurance coverage equal to 75% of their weekly base pay. Coverage begins immediately upon date of hire.

b. Eligible employees, as stated in 2.2.a, may elect to purchase additional STD coverage, which will provide them coverage equal to 100% of their weekly base pay.

- c. Employees covered by the Service Contract Act are eligible to purchase 75% and 100% Short-Term Disability coverage at their own expense. Coverage will be retroactive to the date of hire, provided the benefit election is made during the first 31 days of employment.
- d. Employees covered under a Collective Bargaining Agreement may have the opportunity to purchase coverage in accordance with their agreement.
- e. STD benefits are paid on an employee's base earnings, not including overtime, shift premiums, or incentive compensation.
- f. STD benefits are not payable for a disability resulting from an occupational illness or injury where the employee is entitled to Workers Compensation.

### **2.3 LTD Coverage**

- a. All eligible active employees (including Service Contract Act employees) may elect to purchase Long-Term Disability coverage equal to 60% of their weekly base pay at time of disability. Coverage will be retroactive to the date of hire, provided the benefit election is made during the first 31 days of employment.
- b. Employees covered under a Collective Bargaining Agreement may have the opportunity to purchase coverage in accordance with their agreement.
- c. Long Term Disability benefits are paid based on the employee's basic monthly salary, as in effect just prior to the date the disability began, plus, if applicable, the monthly average earnings of any Management Incentive Bonuses (MIB) from incentive compensation received during the 36 months before the disability began, or the months employed, if less than 36 months.

### **2.4 Other Income**

- a. The insurance company may reduce the Disability Benefits payable by the amount of such Other Income Benefits. Other income benefits include any amounts which the Employee or any dependents, if applicable, receive under:
  1. Any local, state, provincial or federal government disability or retirement plan payments related to the disability;
  2. Any Social Security disability or retirement benefit payments related to the disability;
  3. Any retirement plan benefits funded by IWV;
  4. Any proceeds payable under any franchise or group insurance or similar plan;
  5. Any Workers Compensation benefits;

### **2.5 Payment**

- a. The disability provider pays the disability benefits directly to the employee.
- b. Benefits associated with the portion of coverage for which the company pays are taxable and subject to withholding.
- c. Benefits associated with the portion of coverage for which the employee pays

through after-tax payroll deductions are paid tax free.

**3. All Active employees, who work 20 or more hours per week, are eligible to request a Disability Leave of Absence.**

1. 3.1 An employee's disability leave of absence integrates with the Family Medical Leave Act (FMLA) of 1993. Employees are eligible for FMLA leave if they have worked for IWV for at least 12 months and have worked at least 1,250 hours during the 12 months immediately preceding the effective date of the leave.

2. 3.2 Eligible employees may take up to 12 weeks of FMLA due to the employee's own illness or injury during a rolling 12-month period. The time away from work due to the employee's disability counts toward any leave time available through FMLA.

3. 3.3 Under the rolling 12-month period, each time an employee takes FMLA leave the remaining leave entitlement would be any balance of the 12 weeks which has not been used during the immediately preceding 12 months.

4. 3.4 Paid and unpaid leave time is applied toward the 12-week maximum allowed under the Family and Medical Leave Act (FMLA).

5. 3.5 Employees disabled for six (6) or more consecutive work days may request to be placed on disability leave of absence. An employee is required to use his/her Paid Time Off (PTO) or vacation hours for any illness that is six (6) or fewer consecutive work days.

6. 3.6 If enrolled, and approved by the insurance carrier, the employee is covered by Short-Term Disability Insurance the first ninety (90) calendar days of disability.

7. 3.7 If enrolled, and approved by the insurance carrier, the employee is covered by Long-Term Disability Insurance, if the disability extends beyond ninety (90) calendar days.

8. 3.8 If not enrolled in either STD or LTD, the leave of absence is unpaid.

9. 3.9 If an employee works in California, Hawaii, New Jersey, or New York their Disability Income Benefits are in accordance with the applicable State Disability Benefit Law.

3.10 IWV will not compensate holidays that fall within the period of the Disability Leave.

**4. Notification and Scheduling of a Disability Leave of Absence**

4.1 Employees seeking to use Disability Leave must request the leave in writing by completing the Request for Leave of Absence form, F-0086 (Exhibit —A“).

a. Thirty (30) days advance notice of the need to take the leave is required, if the need is foreseeable; or

b. Notice is required as soon as practical when the need is unforeseen.

1. 4.2 The employee must have their physician complete and submit to HR Benefits the —Personal Physician's Report“, F-0089 (Exhibit —B“).

2. 4.3 If the Supervisor/Manager approves the Request for Leave of Absence form, he/she will complete the IWV Employee Action Form (EAF), F-7043-1, stating the

start date and the anticipated end date of the leave. Both forms (Request for Leave of Absence) must be submitted to HR Benefits.

3. 4.4 If enrolled in STD and/or LTD, employees must also notify CIGNA, the plan administrator, of the leave.

- a. If enrolled in STD, contact CIGNA's Intake Service Center at 1-800-36-CIGNA or 1-800-362-4462, or if calling from outside the United States, (972) 952-1204. CIGNA should be notified as soon as the employee knows their absence will be for more than 6 work days in a row.
- b. If not enrolled in STD but enrolled in LTD only, the disability should be reported during the fifth week of absence to IWV
- c. If enrolled in both STD and LTD, it is not necessary to file a new disability claim for LTD.
- d. Upon notification, the employee will be assigned a Case Manager and be required to sign a Disclosure Authorization form (Appendix —C“) which

5. Any disability resulting from an occupational injury or illness will be handled through Workers Compensation refer to Practice [3-4-4](#).

## 6. **Returning to Work**

1. 6.1 Upon return from a Disability Leave of Absence, the employee must present to their Supervisor/Manager a release to return to work from his/her doctor using the —Personal Physician's Report“, F-0089 (Exhibit —B“).

2. 6.2 Notification of an employee returning from a Disability Leave of Absence will be by the IWV Employee Action Form (EAF), F-7043-1, stating the date of return to work.

3. 6.3 If enrolled in STD and/or LTD, the employee must contact their CIGNA Case Manager to notify them of the return to work.

4. 6.4 If an employee returns to work within 12 weeks, he/she will be placed in his/her original job or an equivalent position, with equivalent pay, benefits, and other terms and conditions of employment, to the extent required by law under the Family and Medical Leave Act.

5. 6.5 If the employee's time off work for Disability Leave of Absence is 12 weeks or less, the time will count toward the total amount of time allowed during the rolling 12-month period.

6. 6.6 If the employee's leave time extends beyond 12 weeks, IWV cannot guarantee his/her return to work (as allowed by law under the Family Medical Leave Act).

7. 6.7 If the employee's position was eliminated during their leave and would have been affected when the position was eliminated had he/she been at work, he/she may be separated from the Company's employment.

6.8 If the employee's leave extends beyond one (1) year, employment will be

terminated. If the employee becomes able to work after termination, he/she can then apply for an open position and will be considered for rehire.

## **EXHIBIT —A“ REQUEST FOR LEAVE OF ABSENCE**

### **INSTRUCTIONS:**

1. 1. Notify your supervisor of your intent to take a leave of absence at least 30 days prior to the leave, if practicable.
2. 2. Obtain the Request for Leave of Absence form F-0086 from Human Resources or from the Word templates on the network.
3. 3. Complete the Request for the Leave of Absence form and return it to your supervisor.
4. 4. Your supervisor will send the original Request for Leave of Absence form with the IWV Employee Action Form (EAF), F-7043-1, to Human Resources, Benefits.

### **If you are going on a Disability or Family and Medical Leave of Absence, the following applies:**

1. 5. If the leave is being taken for the birth of a child or for your own serious illness, contact Human Resources, Benefits, for the Personal Physician's Report form F-0089 and for information on —How to Report a Disability Claim“ to CIGNA.
2. 6. If the leave is for the placement of a child with the employee for adoption or foster care, attach legal documentation.
3. 7. If the leave is for the care of an employee's immediate family member who has a serious health condition, provide the —Certification of Health Care Provider form, F-0088.
4. 8. Human Resources, Benefits will provide you with the —Employer Response to Employee Request for Family or Medical Leave form F-0087 and will discuss the leave provisions with you.



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**EXHIBIT —A (CONT)  
FORM F-0086 REQUEST FOR LEAVE OF ABSENCE**



**REQUEST FOR LEAVE OF ABSENCE**

EMPLOYEE NAME

\_\_\_\_\_  
 Last First M.I.  
 Employee's Location \_\_\_\_\_ Employee # \_\_\_\_\_ SSN: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Is spouse employed by L-3 Communications?  (Yes)  (No)

If yes, list name and division: \_\_\_\_\_

Type of leave requested: *(Check each that applies)*

<input type="checkbox"/> Military	<input type="checkbox"/> Personal	<input type="checkbox"/> Educational	<input type="checkbox"/> Disability*	<input type="checkbox"/> Family and Medical*
Explain in box below (#5)				

**\* PAID AND UNPAID LEAVE TIME APPLIED TOWARD 12-WEEK MAXIMUM  
ALLOWED UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)**

**Reason for requested leave of absence**

1.  Birth of a child of the employee
2.  Placement of a child with the employee for adoption or foster care. (Attach legal documentation)
3.  To care for an immediate family member (spouse, child, or parent) with a serious health condition. (Provide the "Certification of Health Care Provider", Form F-0088.)
4.  Because of my own serious health condition which makes me unable to perform the essential functions of my position. (Contact Human Resources, Benefits, for the Personal Physician's Report Form, F-0089, and, if enrolled in STD, information on "How to Report a Disability Claim" to CiGNA.)
5.  Other \_\_\_\_\_

The original of the Request for the Leave of Absence form must be provided to your supervisor at least 30 days prior to the leave start date, if practicable.

Upon return from the leave, I understand that my health and welfare benefit premiums will be deducted from my pay check(s) unless I elected to discontinue coverage during the leave. If I fail to return to work, Link may recover premiums paid to maintain health and welfare benefit coverage.

**Sign and date below and return to your supervisor.**

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

**EXHIBIT —B**  
**FORM F-0089, PERSONAL PHYSICIAN'S REPORT**



**communications**  
Link Simulation & Training

**Personal Physician's Report**

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**Employee's Authorization**

Dr. \_\_\_\_\_ is hereby authorized to supply the requested information.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

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PERSONAL PHYSICIAN'S REPORT CONCERNING \_\_\_\_\_  
(Name of Employee)

REASON FOR REPORT:     Change in Health Status     Return from Disability Absence

---

Surgery Date (If applicable) \_\_\_\_\_    Pregnancy: Expected  
Delivery Date \_\_\_\_\_

Date person was unable to work because of this disability \_\_\_\_\_

**RECOMMENDATION:**

Employee is medically fit to     Remain at work, or     Return to work on \_\_\_\_\_  
 Without limitation, or     With limitation (Specify under Remarks)

Employee     Should cease work, or     Is not medically fit to return to work (Specify reason and estimated duration of disability under Remarks.)

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Physician's Signature \_\_\_\_\_ M.D.    Phone No. \_\_\_\_\_ Date \_\_\_\_\_

**EXHIBIT —C—**  
**DISCLOSURE AUTHORIZATION**



CIGNA Group Insurance

Life · Accident · Disability

**DISCLOSURE AUTHORIZATION- Version A**

Insured's Name (Please Print) \_\_\_\_\_

I AUTHORIZE: any doctor, physician, healer, health care practitioner, hospital, clinic, other medical facility, professional, or provider of health care, medically related facility or association, medical examiner, or pharmacy to give the Insurance Company named below (Company) or their employees and authorized agents or authorized representatives, any medical and nonmedical information or records that they may have concerning my health condition, or health history, or regarding any advice, care or treatment provided to me. This information and/or records may include, but is not limited to: 1) cause, treatment, diagnoses, prognoses, consultations, examinations, tests or prescriptions or advice of my physical or mental condition of information concerning me which may be needed to determine policy claim benefits with respect to Insured. This may also include (but is not limited to) information concerning: mental illness, psychiatric, drug or alcohol use and any disability, and also HIV related testing, infection, illness, and AIDS (Acquired Immune Deficiency Syndrome). I understand that I may choose whether to receive the results of any laboratory tests or medical examinations performed.

I AUTHORIZE: any financial institution, accountant, tax preparer, insurer or reinsurance consumer reporting agency, insurance support organization, Insured's agent, employer, group policyholder, business associate, benefit plan administrator, family members, friends, neighbors or associates, governmental agency including the Social Security Administration or any other organization or person having knowledge of me to give the Company or their employees and authorized agents, or authorized representatives, any information or records that they have concerning me, my occupation, my activities, employee/employment records, earnings or finances, applications for insurance coverage and prior claim history, work history and work related activities.

I UNDERSTAND: the information obtained will be included as part of the proof of claim and will be used by the Company to determine eligibility for claim benefits and any amounts payable with respect to the Claimant. This authorization shall remain valid and apply to all records, information and events that occur over the duration of the claim. A photocopy of this form is as valid as the original and I or my authorized representative may request one. I or my representative may revoke this authorization at any time as it applies to future disclosures by writing the Company. Prompt notice of revocation will then be given to all persons to whom the Company has disclosed protected health information in reliance to the original authorization as required by law. The information obtained will not be released to anyone else EXCEPT: a)reinsuring companies; b)the Medical Information Bureau, Inc., which operates Health Claim Index (HCI); c)fraud or overinsurance detection bureaus; d)anyone performing business, medical or legal functions with respect to the claim; e)for audit or statistical purposes; f)as may be required by law; g)as I may further authorize. A valid authorization or court order for information does not waive other privacy rights.

Claimant's Signature/Date: \_\_\_\_\_

(Claimant or Claimant's authorized representative)

Relationship, if other than Claimant : \_\_\_\_\_

Claimant's Social Security Number: \_\_\_\_\_

**Insurance Company Name:** Life Insurance Company of North America 5/21/01

Practice Human Resources

**EXHIBIT —D—**  
**BENEFIT CONTINUATION WHILE ON DISABILITY LEAVE OF ABSENCE**

<b>Benefit</b>	<b>Status</b>
Medical/Vision, Dental, Employee Assistance Program (EAP)	<ul style="list-style-type: none"> <li>• Coverage remains in effect. The employee is responsible for his or her contribution during the duration of the approved leave. *</li> <li>• After 12 months, employment is terminated and coverage is available through COBRA.</li> </ul>
Employee Basic Life Insurance	<ul style="list-style-type: none"> <li>• If employee is eligible for this coverage, it remains company-paid for twelve months, or until a premium waiver is approved by the carrier.</li> <li>• Coverage may be continued without premium payment for any employee who has a total and permanent disability, provided a Premium waiver application is filed after 9 months but no later than 12 months of disability.</li> </ul>
Group Universal Life Insurance Plan (GUL)	<ul style="list-style-type: none"> <li>• Employee is responsible for payment during leave.</li> </ul>
Accidental Death & Dismemberment Insurance (AD&D)	<ul style="list-style-type: none"> <li>• Premiums are waived by the carrier during an approved disability leave of absence.</li> </ul>
Disability Insurance (STD & LTD)	<ul style="list-style-type: none"> <li>• Employee is responsible for payment of STD premiums during leave.</li> <li>• LTD premiums are waived by the carrier during an approved LTD leave of absence.</li> </ul>
Health Care Flexible Spending Account	<ul style="list-style-type: none"> <li>• Employee can continue participation by making contributions via personal check during the leave. This allows the employee to submit expenses incurred for reimbursement.</li> </ul>
Dependent Care Flexible Spending Account	<ul style="list-style-type: none"> <li>• Eligibility and deductions stop while on leave.</li> </ul>
Pension (for eligible employees)	<ul style="list-style-type: none"> <li>• The applicable Pension Plan document will govern in regard to accredited service.</li> </ul>
Master Savings Plan	<ul style="list-style-type: none"> <li>• Contributions and any company match cease. Separate arrangements must be made for repaying loans.</li> </ul>
Employee Stock Purchase Plan (ESPP)	<ul style="list-style-type: none"> <li>• Employee can continue participation by making contributions via personal check. If contributions are not paid while on leave, they will not continue after the employee returns to work. The employee will need to reenroll at the next offering period.</li> </ul>
Voluntary Deductions	<ul style="list-style-type: none"> <li>• Suspended for duration of leave of absence.</li> </ul>
METPAY	<ul style="list-style-type: none"> <li>• Automatic deduction stops.</li> <li>• The employee must notify MetLife of change in pay status.</li> </ul>
Paid Time Off (PTO)	<ul style="list-style-type: none"> <li>• Paid Time Off accrues for each month in which employee works at least one day.</li> </ul>
Vacation for SCA employees	<ul style="list-style-type: none"> <li>• Vacation accrues on a yearly basis according to the schedule in the applicable Service Contract Act. Adjustments will be made based on length of leave.</li> </ul>

\*IWV's obligation to maintain health benefits stops if and when an employee informs their Manager or Human Resources of the intent not to return to work at the end of the leave period, or if the employee fails to return to work when the leave entitlement is exhausted.

**PRACTICE HUMAN RESOURCES NO. 3-6-101 File 22:**

**SUBJECT:** Employee Assistance Program - Manager

**PURPOSE:** Establish a method and process by which Management can utilize and refer employees to the EAP's counseling services.

**AFFECTED** All IWV Management

**FUNCTIONS:**

**REFERENCES:** IWV Practice **3-6-1, —Employee Assistance Program** IWV Practice **3-1-1, —Standards of Conduct and Employee Performance Improvement Procedure** National Employee Assistance Services, Inc. (NEAS)

**FORMS USED:** NEAS Consent for Release of Confidential Information

**DEFINITIONS:** None

**GENERAL:** IWV recognizes that a certain percentage of its employees will experience a variety of problems that may have an adverse effect on job performance. These problems include, but are not limited to, illnesses such as chemical dependency, emotional disturbances, social and health problems, family problems, legal problems, financial difficulties, and stress-related problems.

**INSTRUCTION:**

1. 1. Studies show that many supervisors and managers spend more than 25% of their work time addressing employees with performance problems and dysfunctional co-worker relations.
2. 2. In many of these instances, employees are experiencing personal or family difficulties that carry over into the workplace and impair job performance and interactions with coworkers. Employees with personal concerns are best approached by:

2.1 Having the manager or supervisor address the employee's job performance.

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1. 2.2 Having the EAP address the employee's personal or family difficulties.
2. 2.3 Keeping these two roles separate but in close collaboration.

1. 3. A performance referral to the EAP is a strong recommendation by a supervisor or manager that an employee utilize the EAP. It occurs in tandem with potential or actual disciplinary or performance improvement action.

2. 4. Performance referrals typically occur when a manager or supervisor has observed a change in an employee's work performance, and the employee has not responded to periodic feedback regarding the change. In this instance, it may be appropriate to have a formal discussion with him/her and make a referral to the EAP.

3. 5. Managers or supervisors should take the following steps prior to and following a performance referral:

5.1 Evaluate the employee's job performance

- a. Begin your preparation for a performance-related discussion with an employee by evaluating the employee's work performance. Consider both positive and negative aspects of the employee's performance, such as Quantity of Work, Quality of Work, Judgment on the Job, Initiative, Attendance and Punctuality, Interpersonal Skills, Customer Service Skills, Job Knowledge.

5.2 Document any observed performance issues

- a. When an employee's work performance has declined, it is important to accurately document your observation before confronting the employee.

- 1. 1. Record what you see, hear, and experience.
- 2. 2. Avoid being judgmental, diagnosing behavior, or conjecture about causes.
- 3. 3. Be detailed.

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5.3 Consult with Human Resources and the EAP

a. Before meeting with the employee, seek consultation from Human Resources and the EAP to:

- 1. 1. Confirm the company's policy.
- 2. 2. Review documentation of past and present
- 3. 3. Obtain input for conducting an employee meeting.

b. In addition to Human Resources, the EAP's Supervisory Consultation Service is available to provide assistance.

5.4 Meet with the employee and make a referral to the EAP

a. Set the Stage - Meet privately with the employee, review his/her positive contributions, and introduce the topic.

b. Describe the Performance Problem(s) - Review your documentation with the

employee, and be specific.

- c. Describe the Impact - Describe how the employee's behavior has affected other employees, and stay focused on behaviors.
- d. Listen to the Employee's Response
- e. Specify What You Expect & Set a timeline, describe what you expect, and be specific.
- f. Develop a Plan to Improve Performance. Ask the employee for suggestions, and map out an improvement plan.
- g. Recommend the EAP & If you have requested feedback from the EAP, inform the employee that limited information will be shared with his/her consent.
- h. Close the Meeting & have the employee restate your expectations, State your support for the employee's efforts, set a date and time for follow-up

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- i. Document the Meeting & Document your discussion, clearly specify the performance expectations.

5.5 Follow through with the employee is critical to the success of performance improvement efforts.

- a. Communicate clear expectations. Establish a specific time frame. Hold the employee accountable. Conduct regular follow-up meetings.

6. If the meeting with the employee could result in a performance referral to the EAP, the manager or supervisor should:

1. 6.1 Contact the EAP in advance by calling the EAP's toll-free number. Indicate that you are a supervisor or manager and that you intend to refer an employee to the EAP.
2. 6.2 When the Supervisor/Manager speaks with the EAP consultant or counselor, share information about the employee's performance difficulties, disciplinary action if any, and preferences for feedback from the EAP.
3. 6.3 The EAP consultant or counselor you speak with will —hot list the employee so that when he/she calls, an informed, timely response will occur.
4. 6.4 When the Supervisor/Manager recommends the EAP to the employee, provide him/her with the EAP's phone number and a brief explanation of how the service works.
5. 6.5 If the Supervisor/Manager has requested feedback from the EAP, let the employee know that you have done so, and explain what kind of feedback you are seeking and why. The NEAS Consent for Release of Confidential Information (Appendix —A“) is available to use when discussing the release of this information.
6. 6.6 Due to confidentiality requirements, the EAP cannot provide any information to the Supervisor/Manager about an employee's call without his or her permission. If the employee declines to release information back to you, the EAP cannot follow up with you.

7. 6.7 Supervisors and Managers who are uncertain how to proceed with a performance referral can call the EAP or Human Resources and request additional information.

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7. There are three ways to use the EAP's Supervisory Consultation Service:
  1. 7.1 Identify yourself as a Supervisor, Manager, or HR Staff.
  2. 7.2 Send an e-mail to [consultants@neas.com](mailto:consultants@neas.com) (for less urgent needs).
  3. 7.3 Visit the EAP's website at [www.neas.com](http://www.neas.com) (click on —Services for managers and supervisors password: L3C2).
  
8. A personal referral of an employee to the EAP can be by a Supervisor, Manager, or HR Staff member. It is:
  4. 8.1 A reminder that the EAP is available.
  5. 8.2 Generally occurs in situations where there are no or minimal performance problems.
  6. 8.3 Does not occur in conjunction with job action or formal performance improvement efforts.
  7. 8.4 May still involve the supervisor or manager calling the EAP to (a) clarify information about available services, or (b) alert the EAP that the employee may be calling for assistance.
2. 9. All employees are automatically enrolled in the EAP on hire date.
3. 10. Human Resources will review the EAP practice with all new hires and prepare periodic information for employees.



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**HARDCOPY  
NOT CONTROLLED**

Instruction Human Resources No. 3-6-101

**EXHIBIT —A“  
NEAS CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**



**National Employee Assistance Services, Inc.  
Consent for Release of Confidential Information  
Release for Employers Only**

I, \_\_\_\_\_, voluntarily consent to and authorize National  
Name of Client Employee Assistance Services, Inc. ("the EAP") to  
disclose and release to representatives of my employer,

Company: \_\_\_\_\_  
Company Name

Including: \_\_\_\_\_  
Name of Supervisor or Company Representative(s)

the following information (cross out any that do not apply):

- (1) That I have accepted referral to and contacted the EAP.
- (2) The EAP's assessment of my situation.
- (3) The EAP's recommendations regarding services.
- (4) My compliance with, progress toward fulfillment of, and/or completion of the EAP's recommendations, including test results and reports of other providers relating to my compliance or progress.
- (5) Other: \_\_\_\_\_

The purpose of release under this Consent is to assist in compliance with a company referral to the EAP. I understand that information to be released or disclosed under this Consent may be confidential in nature, and may include written notes and records as well as impressions and conclusions of providers.

- This Consent becomes effective on the date I sign it, and will continue in effect for twelve (12) months from that date unless I revoke it before that time. I understand I can revoke this Consent at any time, but information released before revocation cannot be retrieved. I acknowledge that a copy of this Consent has been offered to me, and a copy will be kept in EAP records. I understand that I have a right, upon written request, to inspect and receive a copy of my confidential clinical information disclosed under this Consent.
- I agree that a photocopy or facsimile copy of this Consent is as valid as the original.
- I release the EAP from any liability for disclosure of confidential information while this Consent is effective.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**PRACTICE HUMAN RESOURCES NO. 3-6-101 File 23:**

**SUBJECT:** Disability Leave of Absence  
**APPROVED BY:** President and Vice President Human Resources  
**STATUS:** Original  
**PURPOSE:** Establishes the method and process by which employees may take a Disability Leave of Absence  
**AFFECTED:** All Full Time IWV Employees  
**FUNCTIONS:**

**REFERENCES:** IWV Practice [3-6-20, —Disability Leave of Absence“](#)  
IWV Practice [3-6-8, —Family and Medical Leave of Absence“](#)  
IWV Instructions [3-6-801, —Family and Medical Leave of Absence“](#)  
IWV Practice [3-6-21, —Coordination of Leaves“](#)  
Family and Medical Leave Act (FMLA) 1993

**FORMS USED:** IWV Employee Action Form (EAF), F-7043-1  
Personal Physician’s Report, F-0089  
Request for Leave of Absence, F-0086

**DEFINITIONS:** None

**GENERAL:**

The disability benefits program is designed to provide employees with financial protection in the event they become unable to work due to a non-occupational illness or injury.

All active employees, who work 20 or more hours per week, are eligible for enrollment in the Short-Term Disability (STD) and/or Long-Term Disability (LTD) Insurance Plans.

**INSTRUCTION:**

1. An employee’s disability leave of absence integrates with the Family Medical Leave Act (FMLA) of 1993. Employees are eligible if they have worked for IWV for at least 12 months and have worked at least 1,250 hours during the 12 months immediately preceding the effective date of the leave. Eligible employees may take up to 12 weeks of FMLA due to the employee’s own illness or injury during a rolling 12-month period.

The time away from work due to the employee's disability counts toward any leave time available through FMLA (Please refer to the Family Medical Leave of Absence Practice

**3-6-8**, and Work Instructions **3-6-801**). Both paid and unpaid leave time is applied

toward the 12-week maximum allowed under the Family Medical Leave Act (FMLA).

1. 2. The actual number of weeks of FMLA leave will be measured by looking back over the past 12 months from the date that the leave begins. Under the rolling 12-month period, each time an employee takes FMLA leave the remaining leave entitlement would be any balance of the 12 weeks which has not been used during the immediately preceding 12 months.
2. 3. To initiate the leave, the employee submits Form F-0086, —Request for Leave of Absence (Exhibit —A) to their Supervisor/Manager. Thirty (30) days advance notice of the need to take the leave is required, if the need is foreseeable, or the notice is required as soon as practical when the need is unforeseen.
3. 4. The employee must have their physician complete and submit to HR Benefits the —Personal Physician's Report F-0089 (Exhibit —B“).
4. 5. After approval, the employee's Supervisor/Manager submits the Request for Leave of Absence form, F-0086, to HR Benefits along with the IWV Employee Action Form (EAF), F-7043-1, placing the employee on leave.
5. 6. Upon approval from HR Benefits, HR Records inputs the status change in the payroll system.
6. 7. Refer to the —Outline of Responsibilities for Reporting Disability Claims to CIGNA (Exhibit —C) for further guidelines on the claim reporting procedure.
7. 8. If enrolled in Short Term Disability (STD), the employee must notify CIGNA, the plan administrator, if expected to be out more than 6 working days by calling the CIGNA hotline at 1-800-36-CIGNA (1-800-362-4462). CIGNA's hours of operation are 7:00 am to 7:00 pm (CST) on weekdays. Voice mail is available after hours.
8. 9. If the employee is not enrolled in STD, but is enrolled in Long Term Disability (LTD), the employee should report their disability claim during the fifth week of absence to CIGNA's Early Notification service hotline at 1-888-583-9600. If enrolled in both STD and LTD, it is not necessary to file a new disability claim for LTD.
1. 10. The employee will need to provide CIGNA with the doctor(s) name and sign a Disclosure Authorization form (Exhibit —D“). This form can be obtained from either CIGNA or HR Benefits. The employee should fax the form to CIGNA's Pittsburgh Claim Service Center at 1-412-402-3541 and give a copy to the physician.
2. 11. A CIGNA Case Manager will be assigned to the employee and will contact the employee within 1 to 2 business days to answer questions and discuss the claim procedure.
3. 12. CIGNA will notify both the employee and HR Benefits of approval or denial of the claim.

4. 13. When the employee is released to return to work, he/she should notify both their Supervisor/Manager, and CIGNA.
5. 14. Before the employee can return to work from a Disability Leave of Absence, the employee must provide the Company with a physician's statement releasing him/her to return to regular duty. Employees should have their doctor complete the — Personal Physician's Report“, F-0089 (Exhibit —B“).
6. 15. Upon return from Disability Leave, the employee's Supervisor/Manager completes the IWV Employee Action Form (EAF) F-7043-1, to change employee's status back to active.
7. 16. Upon approval from HR Benefits, HR Records inputs the status change in the payroll system.
8. 17. An employee on an approved Disability Leave may either revoke or continue their health plan coverage elections. Employees who revoke their elections can reinstate them upon returning from Disability Leave.
9. 18. If an employee elects to continue their health plan coverage, he/she will be required to pay regular monthly benefit contributions during the duration of his/her leave via personal check to IWV. If an employee fails to make timely benefit contribution payments, IWV's obligation to maintain insurance coverage will end once the payment is over 30 days late, providing IWV has given the employee written notice at least 15 days in advance advising that coverage will cease if payment is not received. If the employee voluntarily does not return to work from a Disability Leave or returns for a period of less than 90 days, IWV may require him/her to reimburse the company for benefit contribution payments paid on their behalf.

19. During a Disability Leave, employee benefits are processed as follows:

- a. Medical/Vision, Dental, Employee Assistance Program (EAP)

The employee is responsible for his or her contributions during the duration of the approved leave. He/she must submit payment on a monthly basis, as instructed by the Benefits. After 12 months, employment is terminated and coverage is available through COBRA.

- b. Basic Life Insurance

If the employee is eligible for coverage, it remains company paid up to 12 months, or until a premium waiver is approved by the carrier. Coverage can be continued without premium payment for any employee who has a total and permanent disability, provided a premium waiver application is filed after 9 months but no later than 12 months of disability.

- c. Group Universal Life Insurance Plan (GUL) (Employee, Spouse and Child (ren))

The employee is responsible for his or her contributions during the duration of the approved leave. He/she must contact the plan

administrator for payment and life insurance continuation information.

d. Accidental Death & Dismemberment Insurance (AD&D)

Premiums are waived by the carrier during an approved Disability Leave of Absence.

e. Health Care Flexible Spending Account

The employee is responsible for his or her contributions during the duration of the approved leave. He/she can continue participation by making contributions via personal check during the leave.

If an employee elected to terminate coverage while on leave, the employee is not entitled to receive reimbursement for claims incurred during the period when the coverage is terminated. If the employee subsequently elects to be reinstated in the Health Care FSA upon return from leave for the remainder of the plan year, the employee may not retroactively elect health FSA coverage for claims incurred during the period when the coverage was terminated.

If an employee elects to be reinstated in a Health Care FSA upon return from Disability leave, the employee's coverage for the remainder of the plan year is equal to the employee's election for the 12-month period of coverage, prorated for the period during the leave for which no premiums were paid, and reduced by prior reimbursements.

f. Dependent Care Flexible Spending Account

Eligibility and deductions stop while on leave. The Benefits' Representative notifies the vendor.

g. Disability Insurance (STD and LTD)

The employee is responsible for the payment of premiums for Short Term Disability (STD) during an approved Leave. Long Term Disability (LTD) premiums are waived by the carrier during the leave.

h. Master Savings Plan

The employee contributions and company match cease during the leave. If the employee has an outstanding loan, payments can be paid directly to Fidelity by using a coupon book and a certified check or money order. If payments are not made, the loan will go into default and be reported to the IRS as a taxable distribution.

i. Employee Stock Purchase Plan (ESPP)

The employee may continue participation in the plan by making contributions via a personal check. If contributions are not made while on Disability Leave, they will not automatically continue after the employee returns from the leave. The employee must reenroll during the next enrollment period in order to participate in the plan again.

j. Any Gift deductions are suspended for the duration of the leave.

k. METPAY

The employee must notify MetLife of his/her change in pay status and make arrangements for continuation of payments.

**EXHIBIT —A—  
REQUEST FOR LEAVE OF ABSENCE**

**INSTRUCTIONS:**

1. 1. Notify your supervisor of your intent to take a leave of absence at least 30 days prior to the leave, if practicable.
2. 2. Obtain the Request for Leave of Absence form F-0086 from Human Resources or from the Word templates on the network.
3. 3. Complete the Request for the Leave of Absence form and return it to your supervisor.
4. 4. Your supervisor will send the original Request for Leave of Absence form with the Employee Action Form (EAF), F-7043-1, to Human Resources, Benefits.

**If you are going on a Disability or Family and Medical Leave of Absence, the following applies:**

1. 5. If the leave is being taken for the birth of a child or for your own serious illness, contact Human Resources, Benefits, for the Personal Physician's Report form F-0089 and for information on —How to Report a Disability Claim— to CIGNA.
2. 6. If the leave is for the placement of a child with the employee for adoption or foster care, attach legal documentation.
3. 7. If the leave is for the care of an employee's immediate family member who has a serious health condition, provide the —Certification of Health Care Provider form, F-0088.
4. 8. Human Resources, Benefits will provide you with the —Employer Response to Employee Request for Family or Medical Leave form F-0087 and will discuss the leave provisions with you.

**HARDCOPY  
NOT CONTROLLED**

Instruction Human Resources

**EXHIBIT —A (CONT)  
FORM F-0086 REQUEST FOR LEAVE OF ABSENCE**



**REQUEST FOR LEAVE OF ABSENCE**

EMPLOYEE NAME

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Employee's Location \_\_\_\_\_ Employee # \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Is spouse employed by L-3 Communications?  (Yes)  (No)

If yes, list name and division: \_\_\_\_\_

Type of leave requested: *(Check each that applies)*

- Military  Personal  Educational  Disability\*  Family and Medical\*  
Explain in box below (#5)

**\* PAID AND UNPAID LEAVE TIME APPLIED TOWARD 12-WEEK MAXIMUM  
ALLOWED UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)**

**Reason for requested leave of absence**

1.  Birth of a child of the employee
2.  Placement of a child with the employee for adoption or foster care. (Attach legal documentation)
3.  To care for an immediate family member (spouse, child, or parent) with a serious health condition. (Provide the "Certification of Health Care Provider", Form F-0088.)
4.  Because of my own serious health condition which makes me unable to perform the essential functions of my position. (Contact Human Resources, Benefits, for the Personal Physician's Report Form, F-0089, and, if enrolled in STD, information on "How to Report a Disability Claim" to CIGNA.)
5.  Other \_\_\_\_\_

The original of the Request for the Leave of Absence form must be provided to your supervisor at least 30 days prior to the leave start date, if practicable.

Upon return from the leave, I understand that my health and welfare benefit premiums will be deducted from my pay check(s) unless I elected to discontinue coverage during the leave. If I fail to return to work, Link may recover premiums paid to maintain health and welfare benefit coverage.

**Sign and date below and return to your supervisor.**

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

F-0086-A

**HARDCOPY  
NOT CONTROLLED**

Instruction Human Resources

**EXHIBIT —B“  
FORM F-0089, PERSONAL PHYSICIAN’S REPORT**



**Personal Physician’s Report**

**Employee’s Authorization**

Dr. \_\_\_\_\_ is hereby authorized to supply the requested information.

Employee’s Signature \_\_\_\_\_ Date \_\_\_\_\_

PERSONAL PHYSICIAN’S REPORT CONCERNING \_\_\_\_\_  
(Name of Employee)

REASON FOR REPORT:  Change in Health Status  Return from Disability Absence

Surgery Date (If applicable) \_\_\_\_\_ Pregnancy: Expected  
Delivery Date \_\_\_\_\_

Date person was unable to work because of this disability \_\_\_\_\_

**RECOMMENDATION:**

Employee is medically fit to  Remain at work, or  Return to work on \_\_\_\_\_  
 Without limitation, or  With limitation (Specify under Remarks)

Employee  Should cease work, or  Is not medically fit to return to work (Specify reason and estimated duration of disability under Remarks.)

Physician’s Signature \_\_\_\_\_ M.D. Phone No. \_\_\_\_\_ Date \_\_\_\_\_

## EXHIBIT —C

### OUTLINE OF RESPONSIBILITIES FOR REPORTING DISABILITY CLAIMS TO CIGNA

#### Employee's Responsibilities:

- . • Notify your supervisor and HR Benefits of your intent to take a leave of absence due to non-occupational injury or illness and expected duration at least 30 days before the leave. If not possible, advise your supervisor on your first day of absence.
- . • If you are going to be absent more than 6 working days, obtain the Request for Leave of Absence form, F-0086 and Personal Physician's Report, F-0089 from either your Supervisor or HR Benefits.
- . • Complete the Request for the Leave of Absence form, F-0086 and return it to your supervisor.
- . • Provide medical diagnosis documentation only to HR Benefits via Personal Physician's Report form, F-0089.
- . • If the employee is enrolled in Short Term Disability (STD) and expects to be out for more than six working days for a non-occupational injury or illness, the employee must call the CIGNA hotline at 1-800-36-CIGNA or 1-800-362-4462 to initiate the disability benefits claim. Employees should identify themselves as IWV Simulation & Training employees.
- . • CIGNA's disability payment may be delayed if the employee calls after being out more than 6 working days.
- . • If the employee is not enrolled in Short Term Disability (STD) but is enrolled in Long Term Disability (LTD), then the employee should report their disability claim during the fifth week of absence to CIGNA's Early Notification service hotline at 1-888-583-9600.
- . • If an employee is enrolled in STD and LTD, it is not necessary to file a new disability claim for LTD.
- . • Provide CIGNA with your doctor(s) name and a signed Authorization to Release Information form. Obtain the form from either CIGNA or HR Benefits. The employee should fax the form to CIGNA's Pittsburgh Claim Service Center at 1-412-402-3541 and a copy given to your doctor(s).
- . • CIGNA Case Manager will contact the employee within 1 to 2 business days to answer questions and discuss the claim procedure.
- . • Employee will be responsible for benefit contributions during the disability leave
- . • Maintain contact with your supervisor to update and/or provide information about your anticipated return to work date.
- . • Notify your supervisor and CIGNA when you are released to return to work.

### EXHIBIT —C (CONT)

- . • When reporting for work, the employee needs to give their supervisor the Personal Physician's Report form, F-0089 authorizing the employee to return to work from the disability leave.
- . • Employees eligible for PTO may request to buy back PTO used during the disability leave.
- . Manager/Supervisor Responsibilities:
  - . • Understand how the disability claims reporting procedure works. Timeliness in reporting disability absences to HR Benefits is essential.
  - . • Inform all of your employees that you should be notified if they are unable to work due to non-occupational illness or injury.
  - . • Give the employee the Request for Leave of Absence form, F-0086 and Personal Physician Report form, F-0089 or refer to HR Benefits. Inform the employee that the physician's report should be sent to HR Benefits.
  - . • Authorize employee's use of Paid Time Off/vacation for non-occupational illness or injury.
  - . • Prepare time and attendance documentation during the employees' absences.
  - . • Complete the IWV Employee Action Form (EAF), F-7043-1 form to place the employee on a disability leave. Send the EAF, F-7043-1 and the Request for Leave of Absence form, F0086 to HR Benefits.
  - . • Maintain contact with employees while they are out on leave.
  - . • Obtain employee's Personal Physician's Report form F-0089 authorizing a return to work from a disability leave and subsequently send a copy to HR Benefits.
  - . • When the employee returns to work, complete another EAF, F-7043-1, form to put the employee back on the payroll and send to HR Benefits.
- . • Employees eligible for PTO may request to buy back PTO used during the disability leave.
- . CIGNA Responsibilities:
  - . • The Intake Service Center in Dallas, TX will handle employees reporting their disability claims.
  - . • Telephonic interview time takes from 7-10 minutes.
  - . • Claim Intake Process involves three points of contact: employee, employer and doctor(s).
  - . • Intake Hotline: 1-800-36CIGNA or 1-800-362-4462.
  - . • Hours of Operation: 7 A.M.-7 P.M. Central Time (Voice mail available after hours with a follow up the next day from CIGNA).

Instruction Human Resource

### EXHIBIT —C (CONT)

- . • Intake Services/Screening & Creation Unit will contact HR Benefits to verify enrollment, determine eligibility, obtain a description of the employee's job requirements and verify last day worked.
  - . • Obtain a signed Authorization to Release Information form from the employee.
  - . • Eligible claims will be assigned to CIGNA Case Manager.
  - . • CIGNA Case Manager will be responsible for contacting the employee and doctor(s).
  - . • If the disability claim is approved, CIGNA Case Manager will maintain contact with the employee to discuss progress and anticipated return to work date.
    - Employee should notify both their supervisor and CIGNA when released to return to work.
- Benefits Responsibilities:
- . • HR Benefits will verify with supervisor, employee, and CIGNA if the employee is enrolled in Short Term Disability (STD) and/or Long Term Disability (LTD).
  - . • Work as liaison between the supervisor, employee and CIGNA to supply required information.
  - . • Provide the disability and FMLA leave documentation. Explain FMLA and benefit payments required during the leave to the employee.
  - . • Obtain the Request for Leave of Absence form, F-0086 and the EAF form, F-7043-1 from the employee's supervisor to initiate the disability leave.
  - . • HR Benefits should obtain the medical diagnosis documentation via the Personal Physician's Report, F-0089 from the employee.
  - . • Track all internal paperwork.
  - . • Monitor the payroll system to ensure reconciliation of the length of the disability leave and pay taken (PTO/vacation) before the leave.
  - . • Benefits will review each disability leave individually to determine what method employee benefit contributions will be collected during the leave. Effective April 1, 2002, employees will be responsible for paying the Short Term Disability (STD) premium during the leave.
  - . • Follow up as necessary to expedite claims.
  - . • Obtain from the employee's supervisor the EAF, F-7043-1, and Personal Physician's Report form, F-0089 releasing the employee to return to work at the conclusion of the disability leave.
  - . • Handle any employee requests to buy back PTO used during the disability leave.

**HARDCOPY  
NOT CONTROLLED**

**EXHIBIT —D“  
DISCLOSURE AUTHORIZATION**



CIGNA Group Insurance

Life · Accident · Disability

**DISCLOSURE AUTHORIZATION- Version A**

Insured's Name (Please Print) \_\_\_\_\_

I AUTHORIZE: any doctor, physician, healer, health care practitioner, hospital, clinic, other medical facility, professional, or provider of health care, medically related facility or association, medical examiner, or pharmacy to give the Insurance Company named below (Company) or their employees and authorized agents or authorized representatives, any medical and nonmedical information or records that they may have concerning my health condition, or health history, or regarding any advice, care or treatment provided to me. This information and/or records may include, but is not limited to: 1) cause, treatment, diagnoses, prognoses, consultations, examinations, tests or prescriptions or advice of my physical or mental condition of information concerning me which may be needed to determine policy claim benefits with respect to Insured. This may also include (but is not limited to) information concerning: mental illness, psychiatric, drug or alcohol use and any disability, and also HIV related testing, infection, illness, and AIDS (Acquired Immune Deficiency Syndrome). I understand that I may choose whether to receive the results of any laboratory tests or medical examinations performed.

I AUTHORIZE: any financial institution, accountant, tax preparer, insurer or reinsurance consumer reporting agency, insurance support organization, Insured's agent, employer, group policyholder, business associate, benefit plan administrator, family members, friends, neighbors or associates, governmental agency including the Social Security Administration or any other organization or person having knowledge of me to give the Company or their employees and authorized agents, or authorized representatives, any information or records that they have concerning me, my occupation, my activities, employee/employment records, earnings or finances, applications for insurance coverage and prior claim history, work history and work related activities.

I UNDERSTAND: the information obtained will be included as part of the proof of claim and will be used by the Company to determine eligibility for claim benefits and any amounts payable with respect to the Claimant. This authorization shall remain valid and apply to all records, information and events that occur over the duration of the claim. A photocopy of this form is as valid as the original and I or my authorized representative may request one. I or my representative may revoke this authorization at any time as it applies to future disclosures by writing the Company. Prompt notice of revocation will then be given to all persons to whom the Company has disclosed protected health information in reliance to the original authorization as required by law. The information obtained will not be released to anyone else EXCEPT: a)reinsuring companies; b)the Medical Information Bureau, Inc., which operates Health Claim Index (HCI); c)fraud or overinsurance detection bureaus; d)anyone performing business, medical or legal functions with respect to the claim; e)for audit or statistical purposes; f)as may be required by law; g)as I may further authorize. A valid authorization or court order for information does not waive other privacy rights.

Claimant's Signature/Date: \_\_\_\_\_

(Claimant or Claimant's authorized representative)

Relationship, if other than Claimant : \_\_\_\_\_

Claimant's Social Security Number: \_\_\_\_\_

Insurance Company Name: Life Insurance Company of North America 5/21/01

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