Unum Life Insurance Company of America
(called the Company)

This CERTIFIES that each Employee in the eligible Class(es) of Employees shown below is covered under the group disability insurance policy referred to below:

Policyholder: Cradlepoint, Inc.

Employer: Same Group Policy No. 925633 011

Effective Date: March 1, 2023

Eligible Class(es) of Employees: All Employees subject to the Hawaii Disability Insurance Law

The Company will pay the disability benefits which an employee is entitled to receive under Part II of the Temporary Disability Insurance Law of the State of Hawaii because of the employment with the Employer. The employee must be within an eligible class shown above while such class is covered by the group Policy.

THE GROUP POLICY PROVIDES ONLY FOR THE DISABILITY OF AN EMPLOYEE:

1. which begins while such employee is covered under the Group Policy; or
2. whose employment with the Employer ends while such employee is covered under the Group Policy, provided the disability begins:
   a. while the employee is an "individual in current employment" as defined in the Temporary Disability Insurance Law; and
   b. prior to his entering into new employment with another EMPLOYER SUBJECT TO THE TEMPORARY DISABILITY INSURANCE LAW.

This Certificate contains a summary of the terms of the Group Policy. The Group Policy is the agreement under which payments are made.

If a covered employee becomes disabled, he should notify the Employer immediately. The Employer will furnish the Employee with the proper claim form. The form should be completed and returned as soon as possible. An employee's claim for benefit must be accompanied by:

a. a certification of the disability;

b. the probable duration of the disability; and

c. other pertinent medical facts.

THE CERTIFICATION MUST BE MADE BY A PERSON DULY LICENSED TO PRACTICE medicine, surgery or dentistry, except as otherwise specified by law and regulations.

UNUM LIFE INSURANCE COMPANY OF AMERICA

GROUP DISABILITY INSURANCE CERTIFICATE

(Hawaii Temporary Disability Insurance)

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A more detailed explanation of the insurance is available from your employer.

Schedule Of Insurance

Amounts of Insurance are 85% of your average weekly wage to a maximum weekly benefit equal to the Statutory Plan.

No benefits accrue for the first seven days of disability due to injury or sickness. The duration of benefit payments shall not exceed twenty-six weeks for any period of disability or during any benefit year.