

The Long-Term Care Insurance Plan

The JPMorgan Chase Long-Term Care Insurance Plan helps pay for home, community, or nursing home long-term care that's not usually covered by most other plans. Five levels of coverage are available, each of which pays benefits for covered services up to a daily benefit amount and a total lifetime benefit amount. Long-term care coverage is available to you, your spouse/domestic partner, your parents, your spouse's parents, your grandparents, and your spouse's grandparents.

This section will provide you with a better understanding of how your Long-Term Care Insurance Plan coverage works, including how and when benefits are paid.

Questions?	To Access the Long-Term Care Web Center:
<p>Contact the Long-Term Care Call Center:</p> <ul style="list-style-type: none"> • 1-888-673-9582 • TDD: 1-800-638-1004 <p>Service Representatives are available from 8 a.m. to 11 p.m., Eastern Time, Monday through Friday except certain U.S. holidays</p>	<p><i>From Work:</i> Go to Company Home > My Rewards @ Work</p> <p><i>From Home:</i> Go to www .MyRewardsAtWork.com via the Internet</p>

Update: Your Guide to Benefits at JPMorgan Chase

This document modifies and changes any summary plan descriptions previously distributed to you. The U.S. Department of Labor requires JPMorgan Chase to routinely provide benefits plan summaries to plan participants. Please retain this information for your records.

This document does not include all of the details contained in the applicable insurance contracts, plan documents, and trust agreements. If there is a discrepancy between the official plan documents and this summary, the official plan documents will govern.

Be sure to read the "About This Guide" section and the "Plan Administration" section for more important details about the plan and this description, and for references to the official plan documents that contain the full specifics about the plan.

Table of Contents	Page
Important Terms	2
Some Quick Facts	4
Participating in the Long-Term Care Insurance Plan	5
Eligibility	5
Long-Term Care Insurance Plan Options	5
Eligible Individuals.....	6
Cost of Coverage	6
How to Enroll.....	7
If You Do Not Enroll	7
When Coverage Begins	8
How the Long-Term Care Insurance Plan Works	9
Long-Term Care Insurance Plan Options	9
Nonforfeiture Coverage.....	10
Total Lifetime Benefit	10
Return of Premiums at Death	11
Inflation Adjustment Feature	11
Assignment of Benefits	11
Alternate Plan of Service.....	11
Certifying for Benefits.....	12
Waiting Period.....	12
Transition Expense Benefit.....	12
If You Are Covered by More Than One Plan	12
What Is Covered	13
What Is Not Covered	14
Claiming Benefits	15
How to File Claims	15
Appealing Claims	15
Additional Plan Information	16
If Your Situation Changes	17
When Coverage Ends	18
Portability	18
Guaranteed Renewable	18
Reinstatement Provision	18
Right to Amend	19

The JPMorgan Chase Benefits Program is available to most full-time and part-time U.S. dollar-paid salaried employees who are regularly scheduled to work 20 hours or more a week and who are employed by JPMorgan Chase & Co. or one of its subsidiaries to the extent that such subsidiary has adopted the JPMorgan Chase Benefits Program. This information does not include all of the details contained in the applicable insurance contracts, plan documents, and trust agreements. If there is any discrepancy between this information and the governing documents, the governing documents will control. JPMorgan Chase & Co. expressly reserves the right to amend, modify, reduce, change, or terminate its benefits and plans at any time. The JPMorgan Chase Benefits Program does not create a contract or guarantee of employment between JPMorgan Chase and any individual. JPMorgan Chase or you may terminate the employment relationship without notice at any time.

Important Terms

As you read this summary of the JPMorgan Chase Long-Term Care Insurance Plan, you'll come across some important terms related to the plan. To help you better understand the plan, many of those important terms are defined here.

Term	Definition
Actively-at-Work	<p>Performing all the duties that pertain to your work on a regular basis at the place where they're normally performed or where they're required to be performed by JPMorgan Chase. A person who works at home must be able to report to a place of employment outside the home.</p> <p>If you have enrolled without having to provide evidence of insurability (see definition below), you must be actively-at-work on the date designated by the insurance carriers for your newly approved increase in your coverage to take effect. However, your new or increased coverage will not become effective until the first day of the month after your return to work on a regular basis.</p> <p>MetLife, the claims administrator, may have additional actively-at-work requirements, which will be detailed in the certificate of insurance included in the Long-Term Care Insurance Plan package MetLife will send you upon approval of your coverage. For more information, please contact MetLife directly. See the "Plan Administration" section of this Guide for contact information.</p>
Activities of Daily Living (ADL)	<p>Functions or activities such as eating, dressing, bathing, transferring (moving from a bed to a chair, etc.), toileting, and maintaining continence. ADLs are used in determining benefits eligibility for the Long-Term Care Insurance Plan.</p>
After-Tax Contributions	<p>Contributions that are taken from your pay after federal, and in most cases, state and local income taxes have been withheld. The JPMorgan Chase benefits you pay for on an after-tax basis are generally those that may provide some form of future payment. Because you use after-tax dollars to purchase these benefits, you do not pay taxes on benefits you or your beneficiaries receive from these plans in the future.</p> <p>As a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you might be able to deduct a portion of your premiums for long-term care insurance from your taxes.</p>
Chronically Ill	<p>Certified by a licensed health care professional to be unable to perform, without substantial assistance from another individual, at least two out of six activities of daily living (ADLs) for a period expected to last at least 90 days, or you require substantial supervision to protect you from threats to health and safety due to severe cognitive impairment.</p>
Claims Administrator	<p>The company, or its affiliate, that provides certain claims administration services for the Long-Term Care Insurance Plan. MetLife is the claims administrator for the Long-Term Care Insurance Plan.</p>
Covered Services	<p>Eligible long-term care expenses related to care you need when you're certified as being chronically ill, which means you are unable to perform certain basic activities of daily living (eating, dressing, bathing, transferring [moving from a bed to a chair, etc.], toileting, and maintaining continence), or when you're certified as severely cognitively impaired.</p>
Daily Benefit	<p>The maximum amount of money you may receive for covered services each day you're eligible for benefits.</p>

(continued on next page)

Term	Definition
Evidence of Insurability	Information that must be provided to MetLife, the claims administrator, before you can be approved for certain levels of coverage under the Long-Term Care Insurance Plan. Please see “Evidence of Insurability” in the section “How to Enroll” on page 7 for more information.
Guaranteed Issue	Guaranteed Issue (GI) allows an eligible employee to request enrollment without the need to provide proof of good health if the request is made within 90 days of their date of hire, or during a specially designated period.
Home and Community	Care that includes services provided in your home by qualified providers, adult day care, at-home hospice care, and ongoing care advisory services.
Inflation Adjustment	A feature of the plan that can help ensure that your scheduled plan benefits keep pace with inflation and provide meaningful coverage in the future. When you participate in the Long-Term Care Insurance Plan, you’ll be given an opportunity at least once every three plan years to increase coverage without providing evidence of insurability, if the offer has been accepted at least once every other time it has been offered. (Please see “Inflation Adjustment Feature” on page 11 for more information.)
Informal Care	A person providing maintenance or personal care who is not a licensed provider or is not from a licensed agency or facility. Immediate family members qualify as informal caregivers.
Issue Age	Your age on the effective date of coverage.
Licensed Health Care Practitioner	A physician, registered professional nurse, or licensed social worker, which includes any social worker who has been issued a license, certificate, or similar authorization to act as a social worker by a state or a body authorized by a state to issue such authorization, or other individual who meets such requirements as may be prescribed by the U.S. Secretary of the Treasury.
Nonforfeiture Coverage	An optional feature of the Long-Term Care Insurance Plan that lets you maintain some protection even if you cancel coverage. This feature applies if you had been paying premiums for at least 36 months. If you cancel coverage after three or more years and you have nonforfeiture coverage, you’ll keep a reduced level of benefits of the full daily benefit amount. However, your total lifetime benefit amount will be reduced so that it equals the total of all premiums you had paid for your insurance, or 30 times the nursing home daily benefit in effect immediately prior to the nonforfeiture date, whichever is greater.
Nursing Home Care	Care that includes nursing home, inpatient hospice, and Alzheimer’s care, and care in assisted-living facilities.
Respite Care	Temporary care provided to allow your usual home care provider a chance to take time off.
Severely Cognitively Impaired	A state or condition in which you have a deterioration or loss of intellectual capacity (such as Alzheimer’s disease) that requires you to have substantial supervision for the protection of yourself or others.
Total Lifetime Benefit	The total amount the Long-Term Care Insurance Plan will pay for covered services. Please see “Total Lifetime Benefit” on page 10 for more information.
Waiting Period	The 60 calendar-day period beginning on the date MetLife, the claims administrator, determines that you qualify for benefits. In general, no benefits can be paid until this waiting period is satisfied.

Some Quick Facts

Your Choices	<p>The Long-Term Care Insurance Plan pays benefits for eligible long-term care expenses up to a daily benefit amount and a total lifetime benefit amount. The daily benefit depends on the coverage option you choose: \$100, \$150, \$200, \$250, or \$300 per day.</p> <p>Please Note: Your daily benefit amount may be different than the amounts shown above if you had coverage in a prior plan of a heritage organization replaced by coverage in the JPMorgan Chase Long-Term Care Insurance Plan on January 1, 2002, or if you have elected to increase that coverage through the inflation protection feature.</p> <p>Nonforfeiture coverage is an optional feature that may allow you to maintain some protection even if you cancel long-term care insurance. You may add this feature at any time without having to submit additional evidence of insurability.</p>
Covered Services	<p>Long-term care insurance pays for eligible long-term care expenses related to care you need when you're certified as being chronically ill, which means you are unable to perform certain basic activities of daily living (eating, dressing, bathing, transferring [moving from a bed to a chair, etc.], toileting, and maintaining continence), or when you're certified as severely cognitively impaired.</p>
Benefits Eligibility	<p>Long-term care insurance benefits are payable when a MetLife nurse care manager certifies that you require substantial assistance from another person to perform at least two out of the six activities of daily living [eating, dressing, bathing, transferring (moving from a bed to a chair, etc.), toileting, and maintaining continence], or you require substantial supervision for the protection of yourself or others due to a severe cognitive impairment.</p> <p>Your inability to perform these activities of daily living on your own must be due to a functional incapacity that's expected to continue for at least 90 days or due to the fact that you're severely cognitively impaired. Benefits are payable for covered charges incurred after a 60 calendar-day waiting period as long as you remain certified for benefits.</p>
How You Pay for Coverage	<p>For current employees, your cost for long-term care insurance for you and your spouse/domestic partner is paid entirely by you on an after-tax basis through payroll deductions. For all other participants, MetLife, the claims administrator, will either bill on a quarterly, semiannual, or annual basis, or via monthly automatic checking account deductions/electronic funds transfers.</p>
Portability of Coverage	<p>If you leave JPMorgan Chase, you can continue your long-term care insurance as long as you continue to pay the required premiums directly to MetLife, the claims administrator, when they're due. You also must not have used up your total lifetime benefit. As a JPMorgan Chase retiree, you are eligible to continue coverage under the Retiree Long-Term Care Insurance Plan.</p>

Participating in the Long-Term Care Insurance Plan

The general guidelines for participating in the JPMorgan Chase Long-Term Care Insurance Plan are described in this section. MetLife is the claims administrator with whom JPMorgan Chase has contracted to provide long-term care insurance. You should note that because the benefits described here are provided by insurance, the terms of the policy or insurance certificate will control eligibility for benefits. If there's a discrepancy between this description and the policy or certificate, the policy or certificate will control.

Eligibility

Your participation in the JPMorgan Chase Long-Term Care Insurance Plan is optional. In general, you are eligible to participate if you are:

- A U.S. dollar-paid employee who receives salary or earns draw, commissions, or production overrides (“salaried employee”);
- Regularly scheduled to work 20 or more hours per week; and
- Employed by JPMorgan Chase & Co. or one of its subsidiaries to the extent that such subsidiary has adopted the plan.

Long-Term Care Insurance Plan Options

The Long-Term Care Insurance Plan offers the following options:

- \$100 daily benefit;
- \$150 daily benefit;
- \$200 daily benefit;
- \$250 daily benefit; and
- \$300 daily benefit.

Please Note: Your daily benefit amount may be different than the amounts shown here if you had coverage in a prior plan of a heritage organization replaced by coverage in the JPMorgan Chase Long-Term Care Insurance Plan on January 1, 2002, or if you have elected to increase that coverage through the inflation protection feature.

For each option, there is a total lifetime benefit. The daily benefit you select will determine your total lifetime benefit. Please see “Total Lifetime Benefit” on page 10 for more information on the total lifetime benefit.

Eligible Individuals

In addition to covering yourself under the Long-Term Care Insurance Plan, eligible individuals can apply for coverage. Each applicant can choose his or her own coverage option. Eligible individuals include:

- Your legal spouse or your domestic partner. (Please see the definition of “domestic partner” in the “Medical Plan” section of this Guide);
- Your parents;
- Your spouse’s parents;
- Your grandparents; and
- Your spouse’s grandparents.

You do not have to cover yourself for your spouse/domestic partner to elect coverage, and you and your spouse/domestic partner can choose different coverage options.

If your spouse/domestic partner is also employed by JPMorgan Chase and is an eligible employee, he or she can be covered as an employee or as an eligible individual, but not as both.

Coverage for your parents, your spouse’s parents, your grandparents, and your spouse’s grandparents must be contracted directly with MetLife, the claims administrator.

Cost of Coverage

You pay the entire cost of your long-term care insurance with after-tax dollars. Your cost for coverage depends on the daily benefit option you choose, whether you choose nonforfeiture coverage, and your issue age at the time coverage begins. (Please see “When Coverage Begins” on page 8 for more information.)

Once you’re insured, your premiums for the cost of coverage won’t be increased because of age, illness, or how often you receive benefits. Your premium will be adjusted only if:

- Premiums are adjusted for everyone in the class or group of which you’re a part;
- You elect a different level of coverage; or
- You elect to increase your daily benefit through the plan’s inflation.

Premiums are paid as follows:

- **Coverage for You and Your Spouse/Domestic Partner.** Your premium payments begin on or near the first day of the pay period of the month following approval by MetLife, the claims administrator, and are automatically deducted from your paycheck in equal installments (unless retroactive payments are required). If you’re covered under the plan but are away from work and not being paid, or if you are a retiree, your premiums will be billed to you on a quarterly, semiannual, or annual basis. Premiums can also be paid through monthly automatic checking account deductions.
- **Coverage for Your Parents, Your Spouse’s Parents, Your Grandparents, and Your Spouse’s Grandparents.** Premium payments begin on or near the day coverage begins. The premiums can be billed by MetLife on a quarterly, semiannual, or annual basis to the covered person or an alternate person or addressee. Premiums can also be paid through monthly automatic checking account deductions/electronic funds transfers.

Important Note

Because you use after-tax dollars to purchase long-term care insurance, you may not be required to pay taxes on benefits you or your beneficiaries may receive from the plan in the future. However, there are certain limits on benefit amounts that could have tax consequences.

For more information, please contact your personal tax advisor.

Premiums will not have to be paid during any period you or an eligible individual are receiving benefits. Premium payments will resume on the first day of the month after you or the eligible individual are no longer eligible for benefits under the plan, assuming you have not used up your total lifetime benefit.

If you become totally and permanently disabled and are eligible for benefits from the Long-Term Disability Plan, you're treated as having "benefits eligible" status for certain benefits. In the case of the Long-Term Care Insurance Plan, you'll be eligible to continue coverage while receiving benefits from the Long-Term Disability Plan on a direct bill basis from MetLife.

As a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), a portion of your premiums for long-term care insurance, taken from your pay after taxes, may be considered a deduction on your tax returns. For more information, please contact MetLife. See the "Plan Administration" section of this Guide for contact information.

How to Enroll

You will need to complete and submit a form for evidence of insurability (EOI) to MetLife, the claims administrator, unless you enroll within 90 days of your date of hire or during a specially designated period approved by MetLife. You won't be eligible for coverage or increased coverage unless and until MetLife approves your coverage in writing. For an EOI enrollment form, please contact MetLife and request an enrollment package. Enrolling for long-term care insurance is optional. You and eligible individuals can enroll at any time during the year by contacting MetLife, the claims administrator. Anyone eligible for coverage may request enrollment materials from MetLife directly.

Evidence of Insurability (EOI)

Evidence of insurability (EOI) is information that must be provided to MetLife, the claims administrator, to determine whether you can be approved for coverage under the Long-Term Care Insurance Plan.

If you've just joined JPMorgan Chase, or you become newly eligible due to a work status change and are enrolling for the first time, you won't be required to provide EOI if you enroll within 90 days of your date of hire or work status change.

However, EOI will be required if at any time after this 90-day period (unless it is during a specially designated period approved by MetLife). All other eligible individuals can enroll in the plan at any time and will be required to submit satisfactory EOI.

In addition, if you choose to cancel or decrease coverage, and then choose new or increased coverage at a later date, all new benefit coverage amounts will be subject to EOI when you make the new election.

If EOI is required, you will need to complete and submit a form for evidence of insurability to MetLife, the claims administrator. You won't be eligible for coverage or increased coverage unless and until MetLife approves your coverage in writing. For an EOI enrollment form, please contact MetLife. See the "Plan Administration" section in this Guide for contact information.

If You Do Not Enroll

If you do not enroll for long-term care insurance when first eligible, you and/or your eligible dependents may enroll at any time by contacting MetLife, the claims administrator.

When Coverage Begins

The date coverage begins depends on the circumstances under which you elected coverage, as described below.

If You:	When the Coverage You Elect Begins:
Are an Employee	<p>If you and/or any eligible individual enroll at any time other than when you are a newly hired employee or due to a work status change, coverage takes effect on the first day of the month following written approval of the application by MetLife and any required evidence of insurability.</p> <p>If you're disabled on the date your coverage would otherwise have become effective, that coverage will not become effective until the first day of the month following your return to work on a regular basis.</p> <p>If you are an eligible person (other than an employee) and are disabled on the date coverage otherwise would become effective, your coverage will not become effective until the first day of the month following the date you are no longer disabled (as defined by MetLife), provided you are still eligible for coverage.</p>
Are a Newly Hired Employee or an Employee with a Work Status Change	<p>If you enroll for long-term care insurance as a newly hired employee or newly eligible employee due to a work status change within the first 90 days after your hire date or work status change, coverage for you and/or your spouse/domestic partner will begin on the first day of the month following your election. Coverage for any other eligible individuals will begin on the first day of the month following written approval of their application after providing any required EOI to MetLife.</p> <p>However, if you're an eligible employee enrolling within the first 90 days after your date of hire, but you're not actively-at-work or you're disabled on the date your coverage would otherwise have become effective, that coverage will not become effective until the first day of the month following your return to work on a regular basis.</p>

How the Long-Term Care Insurance Plan Works

The JPMorgan Chase Long-Term Care Insurance Plan is provided through an insurance policy issued by MetLife. It helps pay for home or institutional long-term care that is not usually covered by most other plans. Unlike acute medical care, which treats temporary conditions you're expected to recover from, long-term care focuses on chronic conditions that prevent you from performing two or more of the normal activities of daily living without substantial supervision or assistance or when a covered individual is severely cognitively impaired. "Basic activities" of daily living include activities like bathing, dressing, transferring (for example, from a bed to a chair), toileting, continence, and eating.

Long-Term Care Insurance Plan Options

You have five coverage options for a daily benefit amount under the Long-Term Care Insurance Plan:

- \$100 daily benefit;
- \$150 daily benefit;
- \$200 daily benefit;
- \$250 daily benefit; and
- \$300 daily benefit.

The daily benefit amount is the maximum amount of money you may receive for covered services each day you're eligible for benefits.

Please Note: Your daily benefit amount may be different from the amounts shown above if you had coverage in a prior plan of a heritage organization replaced by coverage in the JPMorgan Chase Long-Term Care Insurance Plan on January 1, 2002, or if you have elected to increase that coverage through the inflation protection feature.

All of the daily benefit options cover the same kinds of eligible expenses in the same way as shown below. The difference between the options is the maximum amount each option will pay for the cost of covered services you receive for each day that care is needed:

- For nursing home care, the plan pays the provider's charge up to 100% of the daily benefit you choose. Nursing home care includes nursing home, inpatient hospice, and Alzheimer's care, and care in assisted-living facilities.
- For home and community care, the plan pays the provider's charge up to 60% of the daily benefit you choose. Home and community care include services provided in your home by qualified providers, adult day care, at-home hospice care, and ongoing care advisory services.
- For respite care, the plan pays the provider's charge up to 100% of the daily benefit you choose, for up to 21 days per calendar year. Care may be provided in a covered facility or at home on a short-term basis when needed to give temporary relief to the family member or other informal caregiver from his or her caregiving duties.

Nonforfeiture Coverage

When you first enroll for long-term care coverage, you're allowed to choose (or waive) nonforfeiture coverage. This option, available for an additional cost, allows you to stop paying your premium after three or more years and be entitled to receive some coverage. If you choose nonforfeiture coverage, coverage begins when premiums have been paid for at least 36 months, and coverage ends due to cancellation or nonpayment of premiums.

Nonforfeiture coverage takes effect on the "nonforfeiture date," which is the first day following the end of the period covered by your last paid premium. Once you receive nonforfeiture coverage, you cannot change your benefits. The same benefits will be payable under nonforfeiture coverage except that the total lifetime benefit will be the greater of:

- The sum of paid premiums; or
- 30 times the nursing home daily benefit in effect immediately prior to the nonforfeiture date.

Total Lifetime Benefit

The daily benefit you select will determine your total lifetime benefit. The total lifetime benefit is the total dollars available to you under the Long-Term Care Insurance Plan during your lifetime. The plan is designed to provide benefits for a specific length of time as if the cost of your care were equal to the full daily benefit amount you elect. The JPMorgan Chase Long-Term Care Insurance Plan is designed as a "five-year" plan; therefore, your total lifetime benefit will be equal to the daily benefit amount you elect (for example, \$100, \$200) times 1,825 days (five years). If the cost of your care is less than the daily benefit amount, your coverage will last longer.

For example, if you choose the \$200 daily benefit option and you go into a nursing home that charges you \$150 per day, only \$150 will be deducted from your total lifetime benefit for each day in the nursing home for which a benefit is paid. The remaining \$50 per day stays in the total lifetime benefit for your future use.

The total lifetime benefit amounts are:

- \$182,500 under the \$100 daily benefit;
- \$273,750 under the \$150 daily benefit;
- \$365,000 under the \$200 daily benefit;
- \$456,250 under the \$250 daily benefit; and
- \$547,500 under the \$300 daily benefit.

Please Note: Your total lifetime benefit amount may be different from the amounts shown above if you had coverage in a prior plan of a heritage organization replaced by coverage in the JPMorgan Chase Long-Term Care Insurance Plan on January 1, 2002, or if you have elected to increase that coverage through the inflation adjustment feature.

Once you reach your total lifetime benefit, you'll no longer be eligible for benefits. In addition, your coverage will end.

Return of Premiums at Death

If you die before age 65, the Long-Term Care Insurance Plan will pay your estate an amount equal to 100% of the premiums you've paid to date, minus the total of all benefits paid or payable under the plan.

Beginning on your 65th birthday, the returnable percentage decreases by 10% a year from age 65 up to age 75. No portion of your premiums will be returned if you die on or after age 75, nor will premiums be returned at any age if, at the time of your death, your coverage was being provided under the nonforfeiture coverage feature described earlier.

If you're a resident of the state of Washington, you're not eligible for the return of premiums at death provision. Instead, you have an enhanced transition expense benefit. Contact MetLife for more information. Please see the "Plan Administration" section of this Guide for contact information.

Inflation Adjustment Feature

At least once every three years, plan participants will be given the option to increase coverage without providing evidence of insurability, if the offer has been accepted at least once every other time that it has been offered. The increase offer is made regardless of your age, claim status, claim history, or length of participation in the plan. The daily benefit increase amount will be at least 5% compounded annually since the effective date of the last offer. Any increase in your daily benefit will also increase your total lifetime benefit. The cost for this incremental increase will be based on your age on the effective date of change.

Assignment of Benefits

You can assign your long-term care insurance benefits to be paid directly to the provider of services, except for benefits paid to informal caregivers, providers of alternate plans of services, a nurse or therapist whose services are not provided through a Home Health Care Agency, and providers of transition expense benefits.

Alternate Plan of Service

A MetLife nurse care manager may authorize benefits for services not specifically covered under the plan. Services must be qualified, cost-effective, and meet the needs of the covered person, but may not be provided by a member of your immediate family (i.e., the covered person's spouse, child, parent, or sibling) or anyone else who normally resides in the covered person's home. How much you are reimbursed will depend on the actual cost of the services provided and your daily benefit amount. Any benefits paid under the alternate plan of service will reduce your total lifetime benefit. For more information, please contact MetLife, the claims administrator. Please see the "Plan Administration" section of this Guide for contact information.

Certifying for Benefits

You must call a MetLife nurse care manager to begin the process of certification for benefits. The MetLife nurse care manager will review information received from your doctor and other health care providers and make a decision whether to certify you for benefits.

- If a request for benefits is authorized, you will receive written notification and a claim form from MetLife, the claims administrator.
- If a request for benefits is denied, you will receive a denial letter explaining the reason for denial, a description of the appeal process, and an appeal form.

In some instances, the nurse care manager can make a decision over the phone based on the information provided. In this case, paperwork is typically not required. The nurse care manager can also arrange for a free initial advisory care visit with a local health care professional to evaluate your condition. MetLife will pay for the visit.

Nurse care managers are registered nurses who determine whether you meet the certification requirements and assist you in locating sources of care in your community. They can also recommend the type of facility and level of care that are appropriate for your needs. You do not have to follow the recommendations of your nurse care manager. If you're eligible for benefits, your doctor, you, and your family make the final decision concerning the type of care you should receive.

Waiting Period

Once you have been approved for long-term care benefits, you must satisfy a waiting period. The waiting period is 60 calendar days beginning on the date MetLife, the claims administrator, determines that you qualify for benefits. Covered services do not need to be received during the waiting period. Except for the initial care-planning visit, no benefit can be paid until this waiting period is satisfied.

Transition Expense Benefit

The Long-Term Care Insurance Plan offers a transition expense benefit providing up to five times the daily benefit to be used for long-term care purposes, such as a personal emergency response system, caregiver training, or durable medical equipment. The transition expense benefit is only payable after you have completed the 60-calendar-day waiting period. To receive this benefit, you must submit proof of payment for a covered expense to MetLife, the claims administrator. Any benefits paid under the transition expense benefit will not reduce your total lifetime benefit. The transition expense benefit is not available if you are receiving nonforfeiture coverage.

If you're a resident of the state of Washington, you're eligible for up to 15 times the daily benefit under the transition expense benefit in lieu of the return of premiums at death provision described in "Return of Premiums at Death" on page 11.

If You Are Covered by More Than One Plan

To prevent duplication of benefits, the Long-Term Care Insurance Plan contains a coordination of benefits (COB) provision. Coordination of benefits may reduce or eliminate the benefits otherwise payable under the Long-Term Care Insurance Plan by benefits payable under another plan. The certificate of insurance you receive from MetLife when you're approved for coverage will outline the COB provision. Please contact MetLife for more information on COB.

What Is Covered

To qualify for benefits, MetLife, the claims administrator, must authorize benefits, and a 60-calendar-day waiting period must be satisfied. You will be considered eligible for benefits if you meet one of the following conditions:

- You have been certified by a licensed health care practitioner as chronically ill. Chronically ill means you are unable to perform, without substantial assistance from another individual, at least two of the six activities of daily living (ADL) for at least 90 days. The six activities of daily living are:
 - Eating;
 - Dressing;
 - Bathing;
 - Transferring (moving from a bed to a chair, etc.);
 - Toileting; and
 - Maintaining continence.
- You have a severe cognitive impairment that requires you to have substantial supervision to keep you healthy and safe. For example, if you have a disability resulting from organic brain disease, including Alzheimer's disease, or similar disorder, you would be eligible for benefits. The Long-Term Care Insurance Plan also pays benefits in cases where you can no longer care for yourself due to mental or nervous disorders.

Benefits will be paid for services included in a plan of care prescribed by a licensed health care practitioner. This determination will be made by MetLife, based on information provided by you, your representative, your doctor, or other health care professionals.

Covered Services

Covered services include the following:

- Initial care advisory visit;
- Nursing home care, including skilled, intermediate, and custodial care;
- Inpatient and at-home hospice care;
- Assisted-living facilities;
- Home care by a licensed home health agency;
- Adult day care in a licensed facility;
- Ongoing care advisory services;
- Physical, occupational, respiratory, and speech therapy from a licensed home health agency;
- Care from a licensed nurse or therapist;
- Alternate plan of services; and
- Respite services from formal or informal providers (up to 21 days per calendar year).

This list is subject to change at any time.

What Is *Not* Covered

The Long-Term Care Insurance Plan will not cover certain expenses. No benefits are payable for services received due to the following conditions and circumstances:

- Care specifically provided for detoxification of or rehabilitation for alcohol or drug abuse (chemical dependency), except drug abuse sustained at the hands of or while being treated by a physician for an illness or injury;
- Any service or supply received outside the U.S. or its territories;
- Illness, treatment, or medical condition arising out of:
 - War or an act of war (whether declared or undeclared);
 - Participation in a felony, riot, or insurrection;
 - Service in the armed forces or auxiliary units;
 - Attempted suicide (while sane or insane) or intentionally self-inflicted injury;
 - Aviation (this applies only to non-fare-paying passengers);
 - Treatment provided in a government facility, unless otherwise required by law;
- Any care provided while in a hospital, except for confinement in a distinct part of a hospital that is licensed as a nursing home or hospice;
- Any service provided by your immediate family (unless it is a covered service from an informal caregiver);
- Any service or supply to the extent that such expenses are reimbursable under Medicare (or would be so reimbursable but for the application of a deductible or coinsurance or copayment amount). This exclusion will not apply in those instances where Medicare is determined to be the secondary payor under applicable law; or
- Services for which no charge is normally made in the absence of insurance.

This list is subject to change at any time.

An Important Note About Coverage and State Residency

The exclusions described here may not apply in all states, and they may vary depending on the state in which you live. The certificate of insurance you receive from MetLife when you're approved for coverage will outline the exact exclusions for your state of residence. If you move to another state, the state guidelines outlined in the certificate of insurance issued to you originally will apply.

Claiming Benefits

The following information explains how to file claims for long-term care expenses covered under the plan.

How to File Claims

You or your family should contact MetLife, the claims administrator, before you need a benefit from the plan. Please see “Certifying for Benefits” on page 12 for more information.

Once you’re certified for benefits, you’ll need to meet the 60-calendar-day waiting period before benefits can be paid. Benefits will be paid to you (or your spouse, your domestic partner, your parent(s), your spouse’s parent(s), your grandparent(s), or your spouse’s grandparent(s), as applicable) or may be assigned to be paid directly to the provider as described in “Assignment of Benefits” on page 11. Please see the definition of “waiting period” in “Waiting Period” on page 12.

Claims Administrator’s Contact Information

MetLife

MetLife
Long-Term Care Group
P.O. Box 937
Westport, CT 06881-0937
1-888-673-9582
1-800-638-1004 (the TDD number for individuals with a hearing impairment)

Appealing Claims

If a claim for benefits under the Long-Term Care Insurance Plan is denied, you can appeal the decision by writing to MetLife, the claims administrator, at:

MetLife
Long-Term Care Group
P.O. Box 937
Westport, CT 06881-0937
1-888-673-9582
1-800-638-1004 (the TDD number for individuals with a hearing impairment)

As the sole claims administrator, MetLife will respond to your inquiry within 60 days. MetLife makes the final claim determination for benefits under the Long-Term Care Insurance Plan.

For More Information...

on your rights with respect to denied claims, please see the “Plan Administration” section of this Guide.

Additional Plan Information

Your primary contact for all matters relating to the general administration of the JPMorgan Chase Long-Term Care Insurance Plan is the Long-Term Care Call Center.

Your benefits as a participant in the JP Morgan Chase Long-Term Care Insurance Plan are provided under the terms of the official plan text and insurance policies and/or contracts, if any, issued to JPMorgan Chase. If there is any discrepancy between the official plan documents and this summary, the official plan documents control.

MetLife, the claims administrator, has complete authority to determine whether you're certified as chronically ill or as severely cognitively impaired, and to administer the payment of any benefits under the policy. **Please Note:** No person or group (other than MetLife) has any authority to interpret the terms of the written Long-Term Care Insurance Plan document (or other plan documentation) or to make any promises to you about the plan.

All decisions of the claims administrator are final and binding upon all affected parties.

If Your Situation Changes

Regardless of your work situation or how it changes — for example, if you have a change in work status or take a leave of absence — your JPMorgan Chase Long-Term Care Insurance Plan coverage can continue.

If your situation changes and you're no longer receiving pay from JPMorgan Chase's payroll, MetLife, the claims administrator, will bill you directly on a quarterly, semiannual, or annual basis. You may also arrange for your premiums to be paid through the monthly automatic checking account deduction. For more information, please contact MetLife at 1-888-673-9582.

When Coverage Ends

Your coverage under the Long-Term Care Insurance Plan will end on:

- The premium due date on or after you request to cancel your coverage;
- The date the plan is discontinued;
- The date you reach the total lifetime benefit amount;
- The date you fail to pay a required premium when due (subject to any nonforfeiture protection you may be eligible to receive); or
- The date you die.

Portability

If you're participating in the Long-Term Care Insurance Plan and your employment with JPMorgan Chase ends, or you no longer meet the plan's eligibility requirements, you and eligible individuals may continue long-term care insurance by making premium payments directly to MetLife, the claims administrator, outside of the JPMorgan Chase Long-Term Care Insurance Plan. To continue long-term care insurance, please contact MetLife. Please see the "Plan Administration" section of this Guide for contact information.

If the Long-Term Care Insurance Plan is discontinued, you can continue your coverage by making premium payments directly to MetLife, unless coverage is replaced within 31 days of termination by other group coverage that:

- Is effective on the day following termination of coverage; and
- Provides benefits which are identical to or are determined, as required under applicable law, to be substantially equivalent to or exceed those provided by the Long-Term Care Insurance Plan group policy; and
- Calculates premiums based on your age at inception of coverage under the Long-Term Care Insurance Plan group policy.

Guaranteed Renewable

The Long-Term Care Insurance Plan is guaranteed renewable and may not be cancelled due to an increase in your age or a change in your health. Premium rates can be raised only as a result of a rate change made on a class-wide basis. Coverage cannot be cancelled as long as premiums are paid and coverage does not end due to any of the reasons listed above.

Reinstatement Provision

In situations where a participant has a five-month lapse in paying premiums for long-term care insurance under the Long-Term Care Insurance Plan due to a functional loss or severe cognitive impairment, coverage can be reinstated within 12 months of the lapse date at the same premium rate. (Please see the definition of "severely cognitively impaired" under "Important Terms" beginning on page 2.) Evidence of insurability will not be required. However, you must submit proof of severe cognitive impairment or functional loss, and any required back payments must be paid.

In situations where a participant has a lapse in coverage for any other reason, coverage can be reinstated within 12 months of your lapse date and premiums will be based on your original entry age into the plan. Evidence of insurability, however, will be required and all back premiums must be paid.

Right to Amend

JPMorgan Chase reserves the right to amend, modify (including cost of participation), reduce or curtail benefits under, or terminate the Long-Term Care Insurance Plan at any time for any reason by act of the Executive Vice President, Compensation and Benefits. In addition, the Long-Term Care Insurance Plan does not represent a vested benefit.

JPMorgan Chase also reserves the right to amend any of the plans and policies, to change the method of providing benefits, to curtail or reduce future benefits, or to terminate at any time for any reason any or all of the plans and policies described in this Guide. Neither this Guide nor the benefits described in this Guide create a contract of employment or a guarantee of employment between JPMorgan Chase and any employee.

If JPMorgan Chase amends, modifies, or reduces benefits under the Long-Term Care Insurance Plan, all people who are insured at that time will have the right to maintain their current coverage in effect. For more information on maintaining current coverage, please contact MetLife.

If you have any questions about this plan, please contact MetLife, the plan administrator.