

# Plan Administration

This section provides you with important information about your JPMorgan Chase benefits plans as required by the Employee Retirement Income Security Act of 1974 (ERISA). While ERISA doesn't require JPMorgan Chase to provide you with benefits, it does mandate that JPMorgan Chase clearly communicate to you how the plans subject to the provisions of ERISA operate and what rights you have under the law regarding plan benefits. This section is part of the summary plan description of each of your JPMorgan Chase benefits plans governed by ERISA, as described in the specific plan sections.

You'll also find information on the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) in this section. Under COBRA, you and your covered dependents have the right to continue health care coverage at your own expense for a certain period of time if your JPMorgan Chase-provided health care coverage ends under certain circumstances.

Copies of actual plan documents are filed with the Plan Administrator and are available upon request.

Questions?	To Access Certain Web Centers:
<p><i>For Health and Income Protection Plans, contact the Benefits Call Center through accessHR:</i></p> <ul style="list-style-type: none"> <li>• 1-877-JPMChase (1-877-576-2427)</li> <li>• <i>Quick Path:</i> Enter your Standard ID or Social Security number; press 1; enter your PIN; press 1</li> <li>• TDD: 1-800-719-9980</li> </ul> <p>If calling from outside the United States:</p> <ul style="list-style-type: none"> <li>• 1-212-552-5100 (GDP# 352-5100)</li> </ul> <p>Service Representatives are available from 8 a.m. to 7 p.m., Eastern Time, Monday through Friday except certain U.S. holidays.</p> <p><i>For the Retirement Plan, contact accessHR at the number shown above.</i></p> <ul style="list-style-type: none"> <li>• <i>Quick Path:</i> Enter your Standard ID or Social Security number; press 1; enter your PIN; press 2</li> </ul> <p><i>For the 401(k) Savings Plan, contact the 401(k) Savings Plan Call Center:</i></p> <ul style="list-style-type: none"> <li>• 1-866-JPMC401k (1-866-576-2401)</li> <li>• TDD: 1-800-345-1833</li> </ul> <p>Service Representatives are available from 8 a.m. to 8 p.m., Eastern Time, Monday through Friday except New York Stock Exchange holidays.</p>	<p><i>For Health and Income Protection Plans:</i></p> <p><i>From Work:</i> Go to Company Home &gt; My Rewards @ Work &gt; Benefits Web Center</p> <p><i>From Home:</i> Go to <a href="http://www.MyRewardsAtWork.com">www .MyRewardsAtWork.com</a> via the Internet</p> <p><i>For the 401(k) Savings Plan:</i></p> <p><i>From Work:</i> Go to Company Home &gt; My Rewards @ Work &gt; 401(k) Savings Plan Web Center</p> <p><i>From Home:</i> Go to <a href="http://www .MyRewardsAtWork.com">www .MyRewardsAtWork.com</a> 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 for more important details about the plans, and for references to the official plan documents that contain the full specifics about the plans.*

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*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.*

# General Information

The following summarizes important administrative information about each JPMorgan Chase benefits plan governed by ERISA. **Please Note:** Each plan can be identified by a specific plan number, which is on file with the U.S. Department of Labor. Please see “Plan Information Overview” on page 5 for a listing of official plan names and numbers.

<b>Plan Sponsor</b>	JPMorgan Chase Bank, National Association One Chase Manhattan Plaza 20 <sup>th</sup> Floor New York, NY 10005-1401  (Certain participating companies have adopted some or all of the plans for their eligible employees. See “Participating Companies” on page 8 for a list of participating companies.)
<b>Plan Year</b>	January 1 — December 31
<b>Plan Administrator</b>	JPMorgan Chase Compensation and Benefits Executive JPMorgan Chase & Co. Compensation and Benefits Administration One Chase Manhattan Plaza 20 <sup>th</sup> Floor Mail Code: NY1-A340 New York, NY 10005-1401 <b>For Business Travel Accident Insurance:</b> JPMorgan Chase Corporate Insurance Services Executive JPMorgan Chase & Co. 4 New York Plaza 12 <sup>th</sup> Floor Mail Code: NY1-E133 New York, NY 10004-2413
<b>Claims Administrator</b>	The contact information for claims administrators for the various benefits can be found under “Contacting the Claims Administrators” on page 23.
<b>COBRA Administrator</b>	Hewitt Associates JPMorgan Chase Benefits Call Center P.O. Box 785041 Orlando, FL 32826-5041
<b>Benefits Fiduciaries</b>	Please see “About Plan Fiduciaries” on page 11 for information on benefits fiduciaries.
<b>Plan Trustee for the Retirement Plan and the 401(k) Savings Plan</b>	JPMorgan Investment Services JPMorgan Chase & Co. 3 Chase MetroTech Center Mail Code: NY1-H083 Brooklyn, NY 11245-0001

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<b>Agent for Service of Legal Process</b>	Legal Papers Served JPMorgan Chase & Co. One Chase Manhattan Plaza 20 <sup>th</sup> Floor Mail Code: NY1-A336 New York, NY 10005-1401 Service of legal process may also be made upon a plan trustee or the Plan Administrator.
<b>Employer Identification Number</b>	13-4994650

# Plan Information Overview

The following chart shows the information that varies by plan. All of the following plans are governed by ERISA. The JPMorgan Chase benefits plans that are not governed by ERISA — the Child/Elder Care Spending Account, Transportation Spending Accounts, Excess Retirement Plan, Employee Stock Purchase Plan, and the Bank One Supplemental Savings and Investment Plan (SSIP) — are not listed here.

Plan Type — Welfare			
Plan Name/Number	Insurer	Payment of Benefits	Type of Administration
<b>The JPMorgan Chase Medical Plan/502</b>	See “Contacting the Claims Administrators” on page 23 for names, addresses, and telephone numbers for the Preferred Provider Organization (PPO)/ Point-of-Service (POS) High and Low Options, the Health Maintenance Organization (HMO) Option, the Exclusive Provider Organization (EPO) Option, the Traditional Indemnity Option, the Medicare Traditional Indemnity High and Low Options, the Prescription Drug Plan, the Dental Plan, and the Vision Plan.	See “Contacting the Claims Administrators” on page 23 for names and addresses for the PPO/POS High and Low Options, the Health Maintenance Organization (HMO) Option, the Exclusive Provider Organization (EPO) Option, the Traditional Indemnity Option, the Medicare Traditional Indemnity High and Low Options, the Prescription Drug Plan, the Dental Plan, and the Vision Plan.	Self-Insured/Trustee: PPO/POS High and Low Options, the EPO Option, Traditional Indemnity Option, and the Prescription Drug Plan. With respect to the EPOs, no contract of insurance has been issued. The Medical Plan has the responsibility to fund the financial benefits. Please see “HMO/EPO Claims Administrator Address and Telephone Directory” on page 36 for a full list of the EPO options. Fully Insured: HMO Options
<b>The JPMorgan Chase Dental Plan/502</b>	See “Medical and Dental Claims Administrator Address and Telephone Directory” on page 34 for names and addresses for the Preferred Dentist Program (PDP) Option, the Dental Maintenance Organization (DMO) Option, the Dental Health Maintenance Organization (DHMO) Option, and the Traditional Indemnity Option.	See “Medical and Dental Claims Administrator Address and Telephone Directory” on page 34 for names and addresses for the PDP Option, the DMO Option, the DHMO Option, and the Traditional Indemnity Option.	Self-Insured/Trustee: PDP Option and Traditional Indemnity Option offered by MetLife. Fully Insured: DMO Option and DHMO Option

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## Plan Type — Welfare

Plan Name/Number	Insurer	Payment of Benefits	Type of Administration
<b>The JPMorgan Chase Vision Plan/502</b>	EyeMed P.O. Box 8504 Mason, OH 45040-7111	EyeMed P.O. Box 8504 Mason, OH 45040-7111	Fully Insured
<b>The JPMorgan Chase Basic Life Insurance Plan/502</b>	The Prudential Insurance Company of America P.O. Box 483 Livingston, NJ 07039-0483	The Prudential Insurance Company of America P.O. Box 483 Livingston, NJ 07039-0483	Fully Insured
<b>The JPMorgan Chase Business Travel Accident (BTA) Insurance Plan/506</b>	National Union Fire Insurance Company of Pittsburgh, PA P.O. Box 946790 Maitland, FL 36794-6790	National Union Fire Insurance Company of Pittsburgh, PA P.O. Box 946790 Maitland, FL 36794-6790	Fully Insured
<b>The JPMorgan Chase Supplemental Term Life Insurance Plan/502</b>	The Prudential Insurance Company of America P.O. Box 483 Livingston, NJ 07039-0483	The Prudential Insurance Company of America P.O. Box 483 Livingston, NJ 07039-0483	Fully Insured
<b>The JPMorgan Chase Accidental Death and Dismemberment (AD&amp;D) Insurance Plan/502</b>	The Prudential Insurance Company of America P.O. Box 483 Livingston, NJ 07039-0483	The Prudential Insurance Company of America P.O. Box 483 Livingston, NJ 07039-0483	Fully Insured
<b>The JPMorgan Chase Long-Term Disability Plan/502</b>	The Hartford P.O. Box 746710 Maitland, FL 32794-6710	The Hartford P.O. Box 746710 Maitland, FL 32794-6710	Fully Insured
<b>The JPMorgan Chase Long-Term Care Insurance Plan/502</b>	MetLife P.O. Box 937 Westport, CT 06880	MetLife P.O. Box 937 Westport, CT 06880	Fully Insured
<b>The JPMorgan Chase Group Legal Services Plan/502</b>	Hyatt Legal Plans, Inc. 1111 Superior Avenue Cleveland, OH 44114	Hyatt Legal Plans, Inc. 1111 Superior Avenue Cleveland, OH 44114	Fully Insured
<b>The JPMorgan Chase Employee Assistance Program (EAP)/502</b>	ComPsych Corporation 455 N. Cityfront Plaza Dr. 24 <sup>th</sup> floor Chicago, IL 60611-5506	ComPsych Corporation 455 N. Cityfront Plaza Dr. 24 <sup>th</sup> floor Chicago, IL 60611-5506	Fully Insured

Plan Type — Spending Account			
Plan Name/ Number	Insurer	Payment of Benefits	Type of Administration
<b>The JPMorgan Chase Health Care Spending Account Plan/510</b>	N/A	Claims Administrator Only: ADP/FSA Claims P.O. Box 1800 Alpharetta, GA 30023-1800	Salary Reduction/Paid from the General Assets of the Employer

Plan Type — Defined Benefit			
Plan Name/ Number	Insurer	Payment of Benefits	Type of Administration
<b>The JPMorgan Chase Retirement Plan/001</b>	N/A	JPMorgan Chase Retirement Plan Trust c/o accessHR Mail Code: TX2-F360 P.O. Box 4896 Houston, TX 77210-4896	Self-Administered/Trustee

Plan Type — Defined Contribution			
Plan Name/ Number	Insurer	Payment of Benefits	Type of Administration
<b>The JPMorgan Chase 401(k) Savings Plan/002</b>	N/A	JPMorgan Chase 401(k) Savings Plan Trust c/o JPMorgan Retirement Plan Services 401(k) Savings Plan Call Center Mail Code: MO5-M103 P.O. Box 419784 Kansas City, MO 64141-6784	Self-Administered/Trustee

# Participating Companies

In some cases, affiliates or subsidiaries of JPMorgan Chase have decided to participate in the JPMorgan Chase benefits plans and offer the benefits described in this Guide. These affiliates or subsidiaries are referred to here as “participating companies.” The list may change from time-to-time, and any company may end its participation in a plan at any time.

- Anexsys Holdings, Inc.
- Banc One Acceptance Corporation
- Banc One Building Corporation
- Banc One Capital Holdings Corporation
- Banc One Deferred Benefits Corporation
- Banc One Financial LLC
- Banc One Insurance Company
- Banc One Kentucky Leasing Corporation
- Banc One Kentucky Vehicle Leasing Corporation
- Banc One National Processing Corporation
- Banc One Neighborhood Development Corporation
- Banc One Securities Corporation
- Bank One Education Finance Corporation
- Bank One Trust Company, National Association
- BOILL IHC, Inc.
- Chase Access Services Corporation
- Chase Auto Finance Corp.
- Chase Bank USA, National Association
- Chase BankCard LLC
- Chase BankCard Services, Inc.
- Chase Equipment Leasing, Inc.
- Chase Home Finance LLC
- Chase Insurance Agency, Inc.
- Chase Insurance Life and Annuity Company
- Chase Investment Services Corporation
- Chase Leasing of Texas, Inc.
- Chase Manhattan Realty Leasing Corporation
- Chase Ventures Holdings, Inc.
- Chem Network Processing Services, Inc.
- Colson Services Corporation
- First Chicago Capital Corporation
- First Chicago Lease Investments Two, Inc.
- First Chicago Leasing Corporation
- First USA Management Services, Inc.
- FNBC Leasing Corporation
- JPMorgan Chase & Co.
- JPMorgan Chase Bank, National Association
- J.P. Morgan Alternative Asset Management, Inc.
- J.P. Morgan Chase Custody Services, Inc.
- J.P. Morgan Chase National Corporate Services, Inc.
- JPMorgan Distribution Services, Inc.
- J.P. Morgan Electronic Financial Services, Inc.
- J.P. Morgan FCS Corporation
- JPMorgan Funds Management, Inc.
- J.P. Morgan Futures Inc.
- J.P. Morgan Institutional Investments, Inc.
- JPMorgan Investment Advisors, Inc.
- J.P. Morgan Invest Holdings LLC
- J.P. Morgan Investment Management Inc.
- J.P. Morgan Investor Services Co.
- JPMorgan Merger Subsidiary, Inc.
- J.P. Morgan Mortgage Capital Inc.
- J.P. Morgan Partners, LLC
- J.P. Morgan Property Exchange, Inc.
- J.P. Morgan Retirement Plan Services, LLC
- J.P. Morgan Securities, Inc.
- J.P. Morgan Services Inc.
- J.P. Morgan Treasury Technologies Corporation

(continued on next page)

- J.P. Morgan Trust Company, National Association
- J.P. Morgan Trust Company of Delaware
- J.P. Morgan Personal Wealth Management, Inc.
- JPMorgan Chase Vastera, Inc.
- JPMorgan Chase Vastera Professional Services Inc.
- Neovest, Inc.
- Neovest Trading, Inc.
- OEP Holding Corporation
- One Equity Partners, LLC
- Palo Verde Leasing Corporation
- Security Capital Research & Management, Incorporated
- Sympro, Inc.
- Systems & Services Technologies, Inc.
- Tempest Recovery Services, Inc.

# Your Rights Under ERISA

The Employee Retirement Income Security Act of 1974 (ERISA) gives you certain rights and protections while you are a participant in the JPMorgan Chase employee benefits plans described in this Guide. It is highly unlikely you will need to exercise these rights, but it is important that you be aware of what they are. (Remember, all JPMorgan Chase benefits plans are subject to ERISA except those listed in “An Important Note” on this page.)

ERISA provides that all plan participants are entitled to:

- Examine, without charge, at the office of the Plan Administrator, all plan documents including insurance contracts and copies of all documents filed by the plans with the U.S. Department of Labor, such as detailed annual reports (Form 5500 Series).
- Obtain, upon written request to the Plan Administrator, copies of all plan documents and other plan information (e.g., insurance contracts, Form 5500 Series, and updated summary plan descriptions). The Plan Administrator may make reasonable charges for the copies.
- Receive a summary of the plans’ annual financial reports. (The Plan Administrator is required by law to furnish each participant with a copy of such reports.)
- Obtain, upon written request to the Plan Administrator, a statement about your right to receive a retirement benefit at normal retirement age (age 65). If you have a right to receive a benefit, the statement tells you your benefits under the Retirement Plan at normal retirement age if you stopped working now. If you do not have a right to receive a benefit, the statement tells you the years you will have to work in order to receive this right. The Plan Administrator is required by law to furnish this statement upon request, free of charge, once every 12 months.
- Continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the plan on the rules governing your COBRA continuation coverage rights.

## An Important Note

*The Child/Elder Care Spending Account, Transportation Spending Accounts, Excess Retirement Plan, Employee Stock Purchase Plan, and the Bank One Supplemental Savings and Investment Plan (SSIP) are not included in this section because they are not subject to the provisions of ERISA.*

## Enforce Your Rights

If your claim for a pension and/or welfare benefit is denied or ignored, in whole or in part, you have the right to know why this was done, to obtain copies of documents relating to the decision free of charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance:

- If you request a copy of the plans’ documents or the latest annual report from the Plan Administrator and do not receive it within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the information and pay up to \$110 a day until you receive the materials, unless they were not sent because of reasons beyond the control of the Plan Administrator.

- If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the plan's decision, or lack thereof, concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in federal court.
- If it should happen that the plans' fiduciaries misuse the plans' money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim to be frivolous.

## About Plan Fiduciaries

The plan "fiduciary" is the individual or organization responsible for plan administration, claims administration, and managing plan assets. The plan fiduciary has a duty to administer the plan prudently and in the best interest of all plan members and beneficiaries.

## Prudent Actions by Plan Fiduciaries

In addition to establishing the rights of plan participants, ERISA imposes duties upon the people who are responsible for the operation of the benefits plans. Certain individuals who are responsible for the plans are called "fiduciaries," and they have a duty to administer the plans prudently and in the interest of you, other plan members, and beneficiaries. While membership in these plans does not guarantee your right to continued employment, no one — including your employer or any other person — may terminate you or otherwise discriminate against you in any way to prevent you from obtaining your benefits or exercising your rights under ERISA.

## Health and Income Protection Plans

For each of the following plans, the claims administrators have fiduciary responsibility for claims and appeals:

- Medical Plan;
- Prescription Drug Plan;
- Dental Plan;
- Health Care Spending Account;
- Life and Accident Insurance Plans;
- Long-Term Disability Plan; and
- Long-Term Care Insurance Plan.

## Retirement Plan and 401(k) Savings Plan

The Plan Administrator has final fiduciary responsibility for appeals of denied benefits under the JPMorgan Chase Retirement Plan and 401(k) Savings Plan, although the JPMorgan Chase Employee Benefits Appeals Committee makes a recommendation to the Plan Administrator about a denied claim.

## Assistance with Your Questions

If you have any questions about the JPMorgan Chase benefits plans, you should contact the Plan Administrator/insurer at the addresses shown in “General Information” on page 3 and in “Contacting the Claims Administrators” on page 23. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest Regional Office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory, or:

Division of Technical Assistance and Inquiries  
Employee Benefits Security Administration  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration or by visiting [www.dol.gov/ebsa](http://www.dol.gov/ebsa) via the Internet.

You should also contact the Department of Labor if you need further assistance or information regarding your rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), with respect to health benefits that are offered through a group health plan, as well as the remedies available if a claim is denied in whole or in part.

## Certificate of Creditable Coverage

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), JPMorgan Chase is required to provide you with a Certificate of Creditable Coverage if your JPMorgan Chase-provided health care coverage ends. The certificate identifies the names of you and/or your eligible dependents and the duration for which you were covered under the JPMorgan Chase health care benefit plans.

You may need to present this certificate to your new employer at the time you are enrolling for benefits under the new employer’s plan, especially if you or your dependents have a pre-existing condition that would limit coverage under your new employer’s plan. If you have proof of creditable coverage from another plan, exclusion periods for pre-existing conditions are reduced or eliminated. Without proof of creditable coverage, you may be subject to an exclusion period of 12 months (18 months for late enrollees) after your enrollment date in your new coverage. You should always keep a copy of your HIPAA certificate for your records.

You automatically will be sent a Certificate of Creditable Coverage at the time your coverage ends and again when your continued coverage under COBRA (if elected) ends. You also may request a Certificate of Creditable Coverage from the Plan Administrator at any time within the 24-month period after your coverage under the benefits plans ends. Please refer to “Continuing Coverage Under COBRA” on page 42 for more information about continuing coverage.

## Prescription Drug Notice of Creditable Coverage

JPMorgan Chase will send a Notice of Creditable Coverage to participants who become eligible for Medicare. This notice states that the JPMorgan Chase Medical Plan options provide prescription drug benefits that are, on average, at least as good as the standard Medicare prescription drug plan benefits. The notice is important because it can help you avoid late enrollment penalties associated with Medicare prescription drug plans that may apply given that JPMorgan Chase benefits-eligible employees would generally wait until retirement to enroll in Medicare Part B and Part D.

If you have a dependent who is eligible for Medicare benefits and you do not receive a Notice of Creditable Coverage, you may contact the Benefits Call Center.

# Claiming Benefits

This section provides a comprehensive overview of the benefits claims appeal process for the plans under the JPMorgan Chase Benefits Program that are subject to the Employee Retirement Income Security Act of 1974 (ERISA). It includes detailed information about what happens at each step in the process and includes important timing requirements. This section also includes information about each plan's "fiduciary" and contact information. See "About Plan Fiduciaries" on page 11 and "Contacting the Claims Administrators" on page 23.

If you have filed a claim for benefits and your claim is denied, you have the right to appeal the decision.

JPMorgan Chase is not involved in deciding appeals for any denied benefit claim under the:

- Medical Plan Health Maintenance Organization (HMO) Option and Exclusive Provider Organization (EPO) Option,
- Dental Plan Dental Maintenance Organization (DMO) Option and Dental Health Maintenance Organization (DHMO) Option;
- Vision Plan;
- Health Care Spending Account, Child/Elder Care Spending Account, and Transportation Spending Accounts;
- Long-Term Disability Plan;
- Life and Accident Insurance Plans;
- Group Legal Services Plan;
- Long-Term Care Insurance Plan; and
- Employee Assistance Program.

All fiduciary responsibility and decisions regarding a claim for a denied benefit under these plans will rest solely with the applicable claims administrator.

However, with respect to appeals denied by a claims administrator under the following self-insured options, these options permit (but do not require) voluntary appeals to the JPMorgan Chase Employee Benefits Appeals Committee:

- Medical Plan Point-of-Service (POS), Preferred Provider Organization (PPO), and Traditional Indemnity Options (including the Prescription Drug Plan), Medicare Traditional Indemnity High and Low Options, and
- Dental Plan Preferred Dentist Program (PDP) and Traditional Indemnity Options.

The Plan Administrator has final fiduciary responsibility for all appeals under the Retirement Plan and 401(k) Savings Plan, although the JPMorgan Chase Employee Benefits Appeals Committee may make a recommendation to the Plan Administrator about a denied claim.

## What Qualifies as a "Denied Benefit?"

*A "denied benefit" is any denial, reduction, or termination of a benefit, or a failure to provide or make a payment, in whole or in part, for a benefit. In addition, a benefit may be denied if you didn't include enough information with your initial claim.*

## Steps in the Benefits Claims Appeal Process

### Step 1: Filing Your Initial Claim for Benefits

In general, when you file a claim for benefits, it is paid according to the provisions of the specific benefits plan. There are different time requirements for different plans, as outlined in the following table.

Plan	Timing for Filing Your Initial Claim
<b>Medical,* Prescription Drug, Dental, and Vision Plans</b>	No later than December 31 of the year following the year in which services were provided. Please contact your claim's administrator for more information. (Please see "Contacting the Claims Administrators" on page 23.)
<b>Health Care Spending Account</b>	April 30 of the year following the year in which the expense is incurred. Expenses incurred during the two and a half month grace period (January — March 15 of the following year) must be filed by April 30 of the current year to be applied to the prior year's account balance.
<b>Child/Elder Care Spending Account</b>	April 30 of the year following the year in which the expense is incurred.
<b>Transportation Spending Accounts</b>	"Pay Me Back" claims under the Parking Account must be filed within 180 days from the date the expense was incurred.
<b>Long-Term Disability Plan</b>	No time limit. However, you should file your claim as soon as possible.
<b>Life and Accident Insurance Plans</b>	No time limit. However, you should file your claim as soon as possible.
<b>Long-Term Care Insurance Plan</b>	You must submit written proof of claim no later than 90 days after the end of the calendar year in which the expenses were incurred.
<b>Group Legal Services Plan</b>	No later than December 31 of the year following the year in which services were provided.
<b>Employee Assistance Program</b>	90 days from date of service
<b>Retirement Plan</b>	Generally, 60 days before you want to begin receiving eligible benefit payments.
<b>401(k) Savings Plan</b>	Before you want to begin receiving eligible benefit payments.

\* **Please Note:** Generally, in-network PPO/POS, HMO, EPO, DMO, and Vision claims filing is performed by the physician.

## Step 2: Receiving Notification from the Claims Administrator/Plan Administrator If an Initial Claim for Benefits Is Denied

If an initial claim for benefits is denied, the claims administrator or Plan Administrator will notify you within a “reasonable” period of time, not to exceed the time frames outlined in the table below.

Under certain circumstances, the claims administrator or Plan Administrator is allowed an extension of time to notify you of a denied benefit. **Please Note:** If an extension is necessary because you did not submit necessary information needed to process your health care claim (except in the case of urgent care where the life of a claimant could be jeopardized) or disability claim, the timing for making a decision about your claim is stopped from the date the claims administrator sends you an extension notification until the date that you respond to the request for additional information. You generally have **45 days** from the date you receive the extension notice to send the requested information to the claims administrator.

Plan/Option	Timing for Notification of a Denial of Benefits Claim
Medical Plan, Prescription Drug Plan, and Dental Plan	<ul style="list-style-type: none"> <li>• <b>72 hours</b> for claims involving urgent care, where the life of a claimant could be jeopardized (may be oral, with written confirmation within three days) <b>Please Note:</b> You must be notified if your claim is approved or denied.</li> <li>• <b>15 days</b> for pre-service claims, where approval is required before receiving benefits, plus <b>one 15-day</b> extension due to matters beyond the plan’s control.</li> <li>• <b>30 days</b> for post-service claims, where the claim is made after care is received, plus <b>one 15-day</b> extension due to matters beyond the plan’s control.</li> </ul>
Vision Plan	<b>30 days</b> , plus <b>one 15-day</b> extension for matters beyond the plan’s control.
Health Care Spending Account	<b>15 days</b>
Child/Elder Care Spending Account	<b>15 days</b>
Transportation Spending Accounts	<b>30 days</b>
Long-Term Disability Plan	<b>45 days</b> , plus <b>two 30-day</b> extensions due to matters beyond the plan’s control.
Life and Accident Insurance Plans	<b>45 days</b> , plus <b>two 30-day</b> extensions for matters beyond the plan’s control.
Long-Term Care Insurance Plan	Within <b>10 working days</b> after claims administrator has received all information needed to make a determination for claim.
Group Legal Services Plan	<b>30 days</b>

(continued on next page)

Plan/Option	Timing for Notification of a Denial of Benefits Claim
<b>Employee Assistance Program</b>	<ul style="list-style-type: none"> <li>• <b>72 hours</b> for claims involving urgent care, where the life of a claimant could be jeopardized (may be oral, with written confirmation within three days) <b>Please Note:</b> You must be notified if your claim is approved or denied.</li> <li>• <b>15 days</b> for pre-service claims, where approval is required before receiving benefits, plus <b>one 15-day</b> extension due to matters beyond the plan's control.</li> <li>• <b>30 days</b> for post-service claims, where the claim is made after care is received, plus one 15-day extension due to matters beyond the plan's control.</li> </ul>
<b>Retirement and 401(k) Savings Plans</b>	<b>90 days</b> , plus <b>one 90-day</b> extension for matters beyond the plan's control.

**Please Note:** Concurrent care claims are claims for which the plan has previously approved a course of treatment over a period of time or for a specific number of treatments, and the plan later reduces or terminates coverage for those treatments. Concurrent care claims may fall under any of the other three categories, depending on when the appeal is made. However, the plan must give you sufficient advance notice to appeal the claim before a concurrent care decision takes effect.

### The Explanation You'll Receive from the Claims Administrator/Plan Administrator in the Case of a Denied Benefit

If your initial claim is denied, the claims administrator or Plan Administrator is legally required to provide an explanation for the denial, which will include the following:

- The specific reason(s) for the denial.
- References to the specific plan provisions on which the denial is based.
- A description of any additional material or information needed to process your claim and an explanation of why that material or information is necessary.
- A description of the plan's appeal procedures and time limits, including a statement of your right to bring a civil action under ERISA after, and if, your appeal is denied.

If your claim is for health care benefits, the explanation must also include:

- Any internal rule, guideline, protocol, or other similar criterion relied upon in making the benefit denial, or a statement that a copy of this information will be provided free of charge upon request.
- If the benefit was denied based on a medical necessity, experimental treatment, or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the denial applying the terms of the plan to your medical circumstances, or a statement that such explanation will be provided free of charge upon request.

## Step 3: Filing an Appeal to the Claims Administrator/Plan Administrator If an Initial Claim for Benefits Is Denied

If your initial claim for benefits is denied, you — or your authorized representative — may file an appeal of the decision with the applicable claims administrator or Plan Administrator within the timeframes indicated below:

Plan/Option	Timing for Filing an Appeal of a Denial of Benefits Claim
Medical Plan, Prescription Drug Plan, and Dental Plan	180 days
Vision Plan	180 days
Health Care Spending Account	180 days
Child/Elder Care Spending Account	180 days
Transportation Spending Accounts	90 days
Long-Term Disability Plan	180 days
Life and Accident Insurance Plans	180 days
Long-Term Care Insurance Plan	60 days
Group Legal Services Plan	60 days
Employee Assistance Program	180 days
Retirement and 401(k) Savings Plans	60 days

### An Important Reminder

The Child/Elder Care Spending Account, Transportation Spending Accounts, Excess Retirement Plan, Employee Stock Purchase Plan, and the Bank One Supplemental Savings and Investment Plan (SSIP) are not subject to the provisions of ERISA.

In your appeal, you have the right to:

- Submit written comments, documents, records, and other information relating to your claim.
- Request, free of charge, reasonable access to, and copies of, all documents, records, and other information that:
  - Was relied upon in denying the benefit.
  - Was submitted, considered, or generated in the course of denying the benefit, regardless of whether it was relied on in making this decision.
  - Demonstrates compliance with the administrative processes and safeguards required in denying the benefit.
  - *For health care claims only:* Constitutes a policy statement or plan guideline concerning the denied benefit regardless of whether the policy or guideline was relied on in denying the benefit.

A review of your claim that takes into account all comments, documents, records, and other information submitted or considered in the initial decision to deny the benefit.

If your appeal is for health care benefits, you also have the right to receive:

- A review that does not defer to the initial benefit denial and that is conducted by someone other than the person who made the denial or that person's subordinate.
- For a denied benefit based on medical judgment (including whether a particular treatment, drug, or other item is experimental), a review in which the plan fiduciary/claims administrator consults with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment, and who was not consulted in connection with the initial benefits denial, nor the subordinate of this person.
- The identification of medical or vocational experts whose advice was obtained in connection with denying the benefit, regardless of whether the advice was relied on in making this decision.
- In the case of an urgent care claim where the life of a claimant could be jeopardized, an expedited review process in which:
  - You may submit a request (orally or in writing) for an expedited appeal of a denied benefit.
  - All necessary information, including the decision on your appeal, will be transmitted between the plan fiduciary/claims administrator and you by telephone, facsimile, or other available similarly prompt method.

## Step 4: Receiving Notification from the Claims Administrator/Plan Administrator If Your Appeal Is Denied

If your appeal is subsequently denied, the claims administrator or Plan Administrator is legally required to notify you in writing of this decision within a “reasonable” period of time according to the time frames outlined in the table below.

Plan/Option	Timing for Notification of a Denied Benefits Appeal
Medical Plan, Prescription Drug Plan, and Dental Plan (all options)	<ul style="list-style-type: none"> <li>• <b>72 hours</b> for claims where the life of a claimant could be jeopardized (urgent care)</li> <li>• <b>30 days</b> where approval is required before receiving benefits (pre-service claims)</li> <li>• <b>60 days</b> where the claim is made after care is received (post-service claims)</li> </ul>
Vision Plan	<b>60 calendar days</b>
Health Care Spending Account	<b>30 days</b>
Child/Elder Care Spending Account	<b>30 days</b>
Transportation Spending Accounts	<b>30 days</b>
Long-Term Disability Plan	<b>45 days</b> , plus <b>one 45-day</b> extension due to matters beyond the plan’s control
Life and Accident Insurance Plans	<b>45 days</b> , plus <b>one 45-day</b> extension due to matters beyond the plan’s control
Long-Term Care Insurance Plan	<b>60 days</b>
Group Legal Services Plan	<b>60 days</b>
Employee Assistance Program	<ul style="list-style-type: none"> <li>• <b>72 hours</b> for claims where the life of a claimant could be jeopardized (urgent care)</li> <li>• <b>30 days</b> where approval is required before receiving benefits (pre-service claims)</li> <li>• <b>60 days</b> where the claim is made after care is received (post-service claims)</li> </ul>
Retirement and 401(k) Savings Plans	<b>60 days</b> of receipt of the appeal, plus <b>one 60-day</b> extension due to matters beyond the plan’s control

Except in the case of health care claims, the claims administrator or the Plan Administrator is allowed to take an extension to notify you of a denied appeal under certain circumstances. If an extension is necessary, the claims administrator or Plan Administrator will notify you before the end of the original notification period. This notification will include the reason(s) for the extension and the date the claims administrator or the Plan Administrator expects to provide a decision on your appeal for the denied benefit. **Please Note:** If an extension is necessary because you did not submit enough information to decide your appeal, the time frame for decisions is stopped from the date the claims administrator or the Plan Administrator sends you an extension notification until the date that you respond to the request for additional information.

## The Explanation You'll Receive from the Claims Administrator/Plan Administrator in the Case of a Denied Appeal

If an appeal is denied, the claims administrator or Plan Administrator is legally required to provide an explanation for the denial, which will include the following:

- The specific reason(s) for the denial.
- References to the specific plan provisions on which the denial is based.
- A description of any additional material or information needed to process your appeal and an explanation of why that material or information is necessary.
- A description of the plan's appeal procedures and time limits, including a statement of your right to bring a civil action under ERISA after, and if, your appeal is denied.
- A statement that you're entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim.
- A statement describing any voluntary appeal procedures offered by the plan and your right to obtain the information about such procedures, and a statement of your right to bring a civil action under ERISA.

If your appeal is for health care benefits, the explanation must also include:

- Any internal rule, guideline, protocol, or other similar criterion relied upon in making the benefit denial, or a statement that a copy of this information will be provided free of charge upon request.
- If the benefit was denied based on a medical necessity, experimental treatment, or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the denial applying the terms of the plan to your medical circumstances, or a statement that such explanation will be provided free of charge upon request.
- A description of the expedited review process for urgent care claims where the life of the claimant could be jeopardized.

## Other Options Available to You

If an initial claim for benefits and any follow-up appeal is denied (in whole or in part), you may file suit in a federal court. If you are successful, the court may order the defending person or organization to pay your related legal fees. If you lose, the court may order you to pay these fees (for example, if the court finds your claim frivolous). You may contact the Department of Labor or your state insurance regulatory agency for information about other available options.

## Step 5: Filing a Final “Voluntary” Appeal

Voluntary appeals only apply to the following plans:

- Medical Plan Preferred Provider Organization (PPO)/Point-of-Service (POS), Traditional Indemnity Options, Medicare Traditional Indemnity High and Low Options;
- Prescription Drug Plan; and the
- Dental Plan Preferred Dentist Program (PDP) or Traditional Indemnity Options.

In situations of a denied health care benefit under one of the plans listed above, you may request a “voluntary” appeal review from the JPMorgan Chase Employee Benefits Appeals Committee within 30 days after the final appeal with the applicable claims administrator has been exhausted. This voluntary appeal review will have no effect on your rights to challenge the initial decision in federal court under ERISA, and any statute of limitations does not continue to run during the period of any such voluntary appeal. In addition, no costs or fees will be imposed on you for requesting this appeal. The plan will not assert that you have failed to exhaust administrative remedies because you did not elect a voluntary appeal. Other information will be provided to you about the voluntary appeal process if your appeal is denied and the voluntary appeal process is available to you.

The claim must be for an amount greater than \$500.

**Please Note:** Voluntary appeal reviews are not available in the event of a lawsuit, or if you are enrolled in the following:

- Health Maintenance Organization (HMO) Option; or
- Exclusive Provider Organization (EPO) Option; or
- Dental Maintenance Organization (DMO) Option; or
- Dental Health Maintenance Organization (DHMO) Option; or
- The Vision Plan.

# Contacting the Claims Administrators

Your primary contact for matters relating to the general administration of the Health and Income Protection Plans is the Benefits Call Center. Your primary contact for the Retirement Plan is the accessHR Contact Center. Your primary contact for matters relating to the 401(k) Savings Plan is the 401(k) Savings Plan Call Center. However, the Benefits Call Center, the accessHR Contact Center, the 401(k) Savings Plan Call Center, and its representatives cannot make promises about benefits or interpret any of the plans. This section provides specific contact information for each benefit plan.

Medical Plan		
For Issues on:	Contact	At:
<ul style="list-style-type: none"> <li>General plan administration and eligibility to participate in the plan.</li> </ul>	Benefits Call Center	<p>The Benefits Call Center through accessHR:</p> <ul style="list-style-type: none"> <li>1-877-JPMChase (1-877-576-2427)</li> <li><i>Quick Path</i>: Enter your Standard ID or Social Security number; press 1; enter your PIN; press 1</li> <li>TDD: 1-800-719-9980</li> </ul> <p>If calling from outside the United States:</p> <ul style="list-style-type: none"> <li>1-212-552-5100 (GDP# 352-5100)</li> </ul> <p>Service Representatives are available from 8 a.m. to 7 p.m., Eastern Time, Monday through Friday except certain U.S. holidays.</p>
<ul style="list-style-type: none"> <li>Plan interpretation</li> <li>Filing an initial claim, benefit provisions under the plan, payment of benefits, denial of plan benefits</li> </ul>	The claims administrator for your Medical Plan option	See "Medical and Dental Claims Administrator Address and Telephone Directory" on page 34 of this Guide.
<ul style="list-style-type: none"> <li>Voluntary appeals of denied benefits and eligibility under the Medical Plan PPO/POS Option, Traditional Indemnity Option, Medicare Traditional Indemnity High and Low Options</li> </ul>	JPMorgan Chase Employee Benefits Appeals Committee	JPMorgan Chase Employee Benefits Appeals Committee JPMorgan Chase & Co. 611 Woodward Avenue Mail Code: MI1-8010 Detroit, MI 48226

## Prescription Drug Plan (PPO/POS, EPO, Traditional Indemnity, and Medicare Indemnity High and Low Options)

For Issues on:	Contact:	At:
<ul style="list-style-type: none"> <li>General plan administration and eligibility to participate in the plan.</li> </ul>	Benefits Call Center	<p>The Benefits Call Center through <i>accessHR</i>:</p> <ul style="list-style-type: none"> <li>1-877-JPMChase (1-877-576-2427)</li> <li><i>Quick Path</i>: Enter your Standard ID or Social Security number: press 1; enter your PIN; press 1</li> <li>TDD: 1-800-719-9980</li> </ul> <p>If calling from outside the United States:</p> <ul style="list-style-type: none"> <li>1-212-552-5100 (GDP# 352-5100)</li> </ul> <p>Service Representatives are available from 8 a.m. to 7 p.m., Eastern Time, Monday through Friday except certain U.S. holidays.</p>
<ul style="list-style-type: none"> <li>Plan interpretation</li> <li>Filing an initial claim, benefit provisions under the plan, payment of benefits, denial of plan benefits</li> </ul>	CareMark, the claims administrator	<p>CareMark, Inc. Attention: Claims P.O. Box 686005 San Antonio, TX 78268 1-866-209-6093</p>
<ul style="list-style-type: none"> <li>Voluntary appeals of denied benefits and eligibility under the Prescription Drug Plan</li> </ul>	JPMorgan Chase Employee Benefits Appeals Committee	<p>JPMorgan Chase Employee Benefits Appeals Committee JPMorgan Chase &amp; Co. 611 Woodward Avenue Mail Code: MI1-8010 Detroit, MI 48226</p>

## Dental Plan

For Issues on:	Contact:	At:
<ul style="list-style-type: none"> <li>General plan administration and eligibility to participate in the plan.</li> </ul>	Benefits Call Center	<p>The Benefits Call Center through accessHR:</p> <ul style="list-style-type: none"> <li>1-877-JPMChase (1-877-576-2427)</li> <li><i>Quick Path</i>: Enter your Standard ID or Social Security number: press 1; enter your PIN; press 1</li> <li>TDD: 1-800-719-9980</li> </ul> <p>If calling from outside the United States:</p> <ul style="list-style-type: none"> <li>1-212-552-5100 (GDP# 352-5100)</li> </ul> <p>Service Representatives are available from 8 a.m. to 7 p.m., Eastern Time, Monday through Friday except certain U.S. holidays.</p>
<ul style="list-style-type: none"> <li>Plan interpretation</li> <li>Filing an initial claim, benefit provisions under the plan, payment of benefits, denial of plan benefits</li> </ul>	The claims administrator for your Dental Plan option	See "Medical and Dental Claims Administrator Address and Telephone Directory" on page 34 of this Guide.
<ul style="list-style-type: none"> <li>Voluntary appeals of denied benefits and eligibility under the Dental Plan PDP Option and Traditional Indemnity Option</li> </ul>	The Plan Administrator, care of the JPMorgan Chase Employee Benefits Appeals Committee	<p>JPMorgan Chase Employee Benefits Appeals Committee                      JPMorgan Chase &amp; Co.                      611 Woodward Avenue                      Mail Code: MI1-8010                      Detroit, MI 48226</p>

Vision Plan		
For Issues on:	Contact:	At:
<ul style="list-style-type: none"> <li>General plan administration and eligibility to participate in the plan.</li> </ul>	Benefits Call Center	<p>The Benefits Call Center through accessHR:</p> <ul style="list-style-type: none"> <li>1-877-JPMChase (1-877-576-2427)</li> <li><i>Quick Path</i>: Enter your Standard ID or Social Security number: press 1; enter your PIN; press 1</li> <li>TDD: 1-800-719-9980</li> </ul> <p>If calling from outside the United States:</p> <ul style="list-style-type: none"> <li>1-212-552-5100 (GDP# 352-5100)</li> </ul> <p>Service Representatives are available from 8 a.m. to 7 p.m., Eastern Time, Monday through Friday except certain U.S. holidays.</p>
<ul style="list-style-type: none"> <li>Plan interpretation</li> <li>Filing an initial claim, benefit provisions under the plan, payment of benefits, denial of plan benefits</li> </ul>	EyeMed, the claims administrator	<p>EyeMed P.O. Box 8504 Mason, OH 45040-7111 1-866-723-0596 (during benefits enrollment) 1-888-497-7391 (after benefits enrollment)</p>
<ul style="list-style-type: none"> <li>Voluntary appeals of denied benefits and eligibility</li> </ul>	JPMorgan Chase Employee Benefits Appeals Committee	<p>JPMorgan Chase Employee Benefits Appeals Committee JPMorgan Chase &amp; Co. 611 Woodward Avenue Mail Code: MI1-8010 Detroit, MI 48226</p>

Employee Assistance Program		
For Issues on:	Contact:	At:
<ul style="list-style-type: none"> <li>General program administration and eligibility to participate in the program.</li> </ul>	<p>The Employee Assistance Program ComPsych Appeals Coordinator ComPsych 455 N. Cityfront Plaza Dr. 13<sup>th</sup> floor Chicago, IL 60611</p>	<p>1-212-464-2685 or ComPsych at 1-800-276-0760 (TDD Hearing Impaired: 1-800-697-0353)</p>
<ul style="list-style-type: none"> <li>Payment of benefits, denial of plan benefits</li> <li>Voluntary appeals of denied benefits</li> </ul>	<p>The Employee Assistance Program ComPsych Appeals Coordinator ComPsych 455 N. Cityfront Plaza Dr. 13<sup>th</sup> floor Chicago, IL 60611</p>	<p>1-212-464-2685 or ComPsych at 1-800-276-0760 (TDD Hearing Impaired: 1-800-697-0353)</p>

## Health Care Spending Account

For Issues on:	Contact:	At:
<ul style="list-style-type: none"> <li>General program administration and eligibility to participate in the program.</li> </ul>	Benefits Call Center	<p>The Benefits Call Center through accessHR:</p> <ul style="list-style-type: none"> <li>1-877-JPMChase (1-877-576-2427)</li> <li><i>Quick Path</i>: Enter your Standard ID or Social Security number: press 1; enter your PIN; press 1</li> <li>TDD: 1-800-719-9980</li> </ul> <p>If calling from outside the United States:</p> <ul style="list-style-type: none"> <li>1-212-552-5100 (GDP# 352-5100)</li> </ul> <p>Service Representatives are available from 8 a.m. to 7 p.m., Eastern Time, Monday through Friday except certain U.S. holidays.</p>
<ul style="list-style-type: none"> <li>Plan interpretation</li> <li>Filing an initial claim, benefit provisions under the plan, payment of benefits, denial of plan benefits, claims appeals</li> </ul>	ADP, the claims administrator	<p>ADP Claims Processing P.O. Box 1800 Alpharetta, GA 30023-1800 1-866-872-2427 TDD: 1-877-318-2330</p>
<ul style="list-style-type: none"> <li>Eligibility appeals</li> </ul>	The JPMorgan Chase Employee Benefits Appeals Committee	<p>JPMorgan Chase Employee Benefits Appeals Committee JPMorgan Chase &amp; Co. 611 Woodward Avenue Mail Code: MI1-8010 Detroit, MI 48226</p>

## Long-Term Disability Plan

For Issues on:	Contact:	At:
<ul style="list-style-type: none"> <li>General plan administration and eligibility to participate in the plan.</li> </ul>	Benefits Call Center	<p>The Benefits Call Center through accessHR:</p> <ul style="list-style-type: none"> <li>1-877-JPMChase (1-877-576-2427)</li> <li><i>Quick Path</i>: Enter your Standard ID or Social Security number: press 1; enter your PIN; press 1</li> <li>TDD: 1-800-719-9980</li> </ul> <p>If calling from outside the United States:</p> <ul style="list-style-type: none"> <li>1-212-552-5100 (GDP# 352-5100)</li> </ul> <p>Service Representatives are available from 8 a.m. to 7 p.m., Eastern Time, Monday through Friday except certain U.S. holidays.</p>
<ul style="list-style-type: none"> <li>Plan interpretation</li> <li>Filing an initial claim, benefit provisions under the plan, payment of benefits, denial of plan benefits, claims appeals</li> </ul>	The Hartford, the insurance carrier and claims administrator	<p>The Hartford P.O. Box 946710 Maitland, FL 32794-6710 1-888-485-7353</p>
<ul style="list-style-type: none"> <li>Eligibility appeals</li> </ul>	JPMorgan Chase Employee Benefits Appeals Committee	<p>JPMorgan Chase Employee Benefits Appeals Committee JPMorgan Chase &amp; Co. 611 Woodward Avenue Mail Code: MI1-8010 Detroit, MI 48226</p>

## Life and Accident Insurance Plans

For Issues on:	Contact:	At:
<ul style="list-style-type: none"> <li>General plan administration and eligibility to participate in the plan.</li> </ul>	Benefits Call Center	<p>The Benefits Call Center through accessHR:</p> <ul style="list-style-type: none"> <li>1-877-JPMChase (1-877-576-2427)</li> <li><i>Quick Path</i>: Enter your Standard ID or Social Security number: press 1; enter your PIN; press 1</li> <li>TDD: 1-800-719-9980</li> </ul> <p>If calling from outside the United States:</p> <ul style="list-style-type: none"> <li>1-212-552-5100 (GDP# 352-5100)</li> </ul> <p>Service Representatives are available from 8 a.m. to 7 p.m., Eastern Time, Monday through Friday except certain U.S. holidays.</p>
<ul style="list-style-type: none"> <li>Plan interpretation</li> <li>Filing an initial claim, benefit provisions under the basic, supplemental term life, and AD&amp;D insurance benefits options, payment of benefits, denial of plan benefits, claims appeals</li> <li>Status of evidence of insurability</li> <li>Portability of supplemental term life and AD&amp;D insurance coverage</li> <li>Conversion of basic life insurance coverage</li> </ul>	The Prudential Insurance Company of America, the insurance carrier	<p>The Prudential Insurance Company of America P.O. Box 8517 Philadelphia, PA 19101</p> <ul style="list-style-type: none"> <li>1-800-524-0542</li> <li>1-888-257-0412 (for evidence of insurability questions only)</li> <li>1-877-889-2070 (to convert basic life insurance coverage only)</li> </ul>
<ul style="list-style-type: none"> <li>Eligibility appeals</li> </ul>	JPMorgan Chase Employee Benefits Appeals Committee	<p>JPMorgan Chase Employee Benefits Appeals Committee JPMorgan Chase &amp; Co. 611 Woodward Avenue Mail Code: MI1-8010 Detroit, MI 48226</p>

## Group Legal Services Plan

For Issues on:	Contact:	At:
<ul style="list-style-type: none"> <li>General plan administration and eligibility to participate in the plan.</li> </ul>	Benefits Call Center	<p>The Benefits Call Center through accessHR:</p> <ul style="list-style-type: none"> <li>1-877-JPMChase (1-877-576-2427)</li> <li><i>Quick Path</i>: Enter your Standard ID or Social Security number: press 1; enter your PIN; press 1</li> <li>TDD: 1-800-719-9980</li> </ul> <p>If calling from outside the United States:</p> <ul style="list-style-type: none"> <li>1-212-552-5100 (GDP# 352-5100)</li> </ul> <p>Service Representatives are available from 8 a.m. to 7 p.m., Eastern Time, Monday through Friday except certain U.S. holidays.</p>
<ul style="list-style-type: none"> <li>Plan interpretation</li> <li>Filing an initial claim, benefit provisions under the plan, payment of benefits, denial of plan benefits, claims appeals</li> </ul>	Hyatt Legal Plans, Inc., the claims administrator	<p>Hyatt Legal Plans, Inc. 1111 Superior Avenue Cleveland, OH 44114 1-800-821-6400</p>
<ul style="list-style-type: none"> <li>Eligibility appeals</li> </ul>	JPMorgan Chase Employee Benefits Appeals Committee	<p>JPMorgan Chase Employee Benefits Appeals Committee JPMorgan Chase &amp; Co. 611 Woodward Avenue Mail Code: MI1-8010 Detroit, MI 48226</p>

## Long-Term Care Insurance Plan

For Issues on:	Contact:	At:
<ul style="list-style-type: none"> <li>General plan administration and eligibility to participate in the plan.</li> </ul>	Benefits Call Center	<p>The Benefits Call Center through accessHR:</p> <ul style="list-style-type: none"> <li>1-877-JPMChase (1-877-576-2427)</li> <li><i>Quick Path</i>: Enter your Standard ID or Social Security number: press 1; enter your PIN; press 1</li> <li>TDD: 1-800-719-9980</li> </ul> <p>If calling from outside the United States:</p> <ul style="list-style-type: none"> <li>1-212-552-5100 (GDP# 352-5100)</li> </ul> <p>Service Representatives are available from 8 a.m. to 7 p.m., Eastern Time, Monday through Friday except certain U.S. holidays.</p>
<ul style="list-style-type: none"> <li>Plan interpretation</li> <li>Filing an initial claim, benefit provisions under the plan, payment of benefits, denial of plan benefits, claims appeals</li> </ul>	MetLife, the Plan Administrator	<p>Metlife Long-Term Care Group P.O. Box 937 Westport, CT 06881-0937 1-888-673-9582 TDD: 1-800-638-1004</p>
<ul style="list-style-type: none"> <li>Eligibility appeals</li> </ul>	JPMorgan Chase Employee Benefits Appeals Committee	<p>JPMorgan Chase Employee Benefits Appeals Committee JPMorgan Chase &amp; Co. 611 Woodward Avenue Mail Code: MI1-8010 Detroit, MI 48226</p>

## Business Travel Accident Insurance Plan

For Issues on:	Contact:	At:
<ul style="list-style-type: none"> <li>General plan administration and eligibility to participate in the plan.</li> </ul>	Benefits Call Center	<p>The Benefits Call Center through accessHR:</p> <ul style="list-style-type: none"> <li>1-877-JPMChase (1-877-576-2427)</li> <li><i>Quick Path</i>: Enter your Standard ID or Social Security number: press 1; enter your PIN; press 1</li> <li>TDD: 1-800-719-9980</li> </ul> <p>If calling from outside the United States:</p> <ul style="list-style-type: none"> <li>1-212-552-5100 (GDP# 352-5100)</li> </ul> <p>Service Representatives are available from 8 a.m. to 7 p.m., Eastern Time, Monday through Friday except certain U.S. holidays.</p>
<ul style="list-style-type: none"> <li>Plan interpretation</li> <li>Filing an initial claim, benefit provisions under the plan, payment of benefits, denial of plan benefits, claims appeals</li> </ul>	National Union Fire Insurance Company of Pittsburgh, PA, the insurance carrier and claims administrator	<p>National Union Fire Insurance Company of Pittsburgh, PA AIGCS A &amp; H Claims Department 600 King Street 1 Alico Plaza, 5<sup>th</sup> Floor Wilmington, DE 19801 1-800-551-0824</p>
<ul style="list-style-type: none"> <li>Eligibility appeals</li> </ul>	JPMorgan Chase Employee Benefits Appeals Committee	<p>JPMorgan Chase Employee Benefits Appeals Committee JPMorgan Chase &amp; Co. 611 Woodward Avenue Mail Code: MI1-8010 Detroit, MI 48226</p>

## Employee Stock Purchase Plan

For Issues on:	Contact:	At:
<ul style="list-style-type: none"> <li>All Employee Stock Purchase Plan questions</li> </ul>	Mellon Investor Services, the Plan Administrator	<p>Mellon Investor Services P.O. Box 33336 South Hackensack, NJ 07600-1936 1-800-758-4651</p>

<b>Retirement Plan</b>		
<b>For Issues on:</b>	<b>Contact:</b>	<b>At:</b>
<ul style="list-style-type: none"> <li>General plan administration, eligibility to participate in the plan, and claims for benefits</li> </ul>	accessHR Contact Center	<ul style="list-style-type: none"> <li>1-877-JPMChase (1-877-576-2427) Monday through Friday, from 8 a.m. to 7 p.m., Eastern Time, except certain U.S. holidays. (The TDD number for employees with a hearing impairment is 1-800-719-9980.)</li> <li>accessHR Contact Center Mail Code: TX2-F360 P.O. Box 4896 Houston, TX 77210-4896 1-877-JPMChase (1-877-576-2427) TDD: 1-800-719-9980</li> </ul>
<ul style="list-style-type: none"> <li>Appeals of denied benefits</li> </ul>	JPMorgan Chase Employee Benefits Appeals Committee	JPMorgan Chase Employee Benefits Appeals Committee JPMorgan Chase & Co. One Chase Manhattan Plaza 20 <sup>th</sup> Floor Mail Code: NY1-A340 New York, NY 10005-1401

<b>401(k) Savings Plan</b>		
<b>For Issues on:</b>	<b>Contact:</b>	<b>At:</b>
<ul style="list-style-type: none"> <li>General plan administration, eligibility to participate in the plan, and claims for benefits</li> </ul>	401(k) Savings Plan Call Center	<ul style="list-style-type: none"> <li>1-866-JPMC-401k (1-866-576-2401) Monday through Friday, from 8 a.m. to 8 p.m., Eastern time, except New York Stock Exchange holidays. (The TDD number for employees with a hearing impairment is 1-800-345-1833).</li> <li>JPMorgan Retirement Plan Services 401(k) Savings Plan Call Center Mail Code: MO5-M103 P.O. Box 419784 Kansas City, MO 64141-6784</li> </ul>
<ul style="list-style-type: none"> <li>Appeals of denied benefits</li> </ul>	JPMorgan Chase Employee Benefits Appeals Committee	JPMorgan Chase Employee Benefits Appeals Committee JPMorgan Chase & Co. One Chase Manhattan Plaza 20 <sup>th</sup> Floor Mail Code: NY1-A340 New York, NY 10005-1401

## Child/Elder Care and Transportation Spending Accounts — Whom to Contact

Although the Child/Elder Care Spending Account and the Transportation Spending Accounts are not subject to ERISA, you can always contact ADP (the claims administrator for the Child/Elder Care Spending Account) or WageWorks (the claims administrator for the Transportation Spending Accounts) with questions about the eligibility of an expense for reimbursement, payment of benefits, or denial of plan benefits:

### Child/Elder Care Spending Account

ADP FSA Claims  
P.O. Box 1800  
Alpharetta, GA 30023-1800  
1-866-872-2427

TDD: 1-877-318-2330

### Transportation Spending Accounts

WageWorks  
P.O. Box 14053  
Lexington, KY 40511  
1-877-924-3967

TDD: 1-866-361-8017

## Medical and Dental Claims Administrator Address and Telephone Directory

### Medical Plan Claims Administrators

#### Preferred Provider Organization (PPO)/Point-of-Service (POS) High and Low Options

<b>UnitedHealthcare — National (all states not listed below)</b>	UnitedHealthcare JPMorgan Chase Dedicated Service Center P.O. Box 740800 Atlanta, GA 30374-0800 1-800-272-8970
<b>Empire BlueCross BlueShield Louisiana, Michigan, Western New York</b>	Empire BlueCross BlueShield P.O. Box 5075 Middletown, NY 10940-9075 1-866-446-1532
<b>Aetna, Inc. Texas, Delaware, Maryland, West Virginia</b>	Aetna, Inc. P.O. Box 981109 El Paso, TX 79998-1109 1-888-238-6275
<b>Anthem BlueCross BlueShield Ohio, Indiana, Kentucky</b>	Anthem BlueCross BlueShield P.O. Box 37010 Louisville, KY 40233-7010 1-866-236-4372

## Health Maintenance Organization (HMO) and Exclusive Provider Organization (EPO) Options

See "HMO/EPO Claims Administrator Address and Telephone Directory" on page 36.

### Traditional Indemnity Options and Medicare Indemnity High and Low Options

#### UnitedHealthcare

UnitedHealthcare  
JPMorgan Chase Dedicated Service Center  
P.O. Box 740800  
Atlanta, GA 30374-0800  
1-800-272-8970

## Dental Plan Claims Administrators

### Preferred Dentist Program (PDP) and Traditional Indemnity Options

#### MetLife

MetLife Dental  
P.O. Box 9811282  
El Paso, TX 79998-1282  
1-888-673-9582

### Dental Maintenance Organization (DMO) Options

#### Aetna, Inc. (DMO)

Aetna, Inc.  
P.O. Box 14094  
Lexington, KY 40512  
1-800-741-4781

### Dental Health Maintenance Organization (DHMO) Options

#### First Commonwealth (DHMO)

First Commonwealth  
P.O. Box 3319  
Chicago, IL 60654  
1-866-494-4542

# HMO/EPO Claims Administrator Address and Telephone Directory

## Arizona

### **Aetna HMO of Arizona (EPO)\***

P.O. Box 981109  
El Paso, TX 79998-1109  
1-888-238-6275

### **Aetna HMO — Arizona (Medicare Advantage HMO)**

P.O. Box 963  
Blue Bell, PA 19422-9921  
1-800-282-5366

### **CIGNA HMO of Arizona (EPO)\***

P.O. Box 5200  
Scranton, PA 18505-5200  
1-800-790-3086

### **CIGNA Healthcare of Arizona HMO (Medicare Advantage HMO)**

11001 N. Black Canyon Highway  
Phoenix, AZ 85029  
1-800-592-9231

### **Health Net of Arizona HMO**

P.O. Box 867  
Shelton, CT 06484  
1-800-289-2818

## California

### **Health Net HMO of California**

21281 Burbank Boulevard  
Woodland Hills, CA 91367  
1-800-522-0088

### **Kaiser Permanente HMO Northern California**

Attn: California Claims  
P.O. Box 12923  
Oakland, CA 94604-2923  
1-800-464-4000

### **Kaiser Permanente HMO Southern California**

Attn: California Claims  
P.O. Box 7102  
Oakland, CA 91109-7102  
1-800-464-4000

### **Kaiser Permanente HMO (Medicare Advantage HMO) Southern California**

Attn: California Claims  
P.O. Box 7102  
Oakland, CA 94604-2923  
1-800-443-0815

### **Kaiser Permanente HMO (Medicare Advantage HMO)**

## Northern California

Attn: California Claims  
P.O. Box 12923  
Oakland, CA 94604-2923  
1-800-443-0815

### **Pacificare HMO of California**

5701 Katella Avenue  
Cypress, CA 90630  
1-800-624-8822

## Colorado

### **CIGNA HMO of Colorado (EPO)\***

P.O. Box 5200  
Scranton, PA 18505-5200  
1-800-790-3086

### **Kaiser Permanente HMO Colorado**

2500 South Havana Street  
Aurora, CO 80014-1618  
1-800-632-9700  
1-303-338-3800

### **Pacificare (Secure Horizons)**

#### **Medicare Advantage HMO**

410 N. 44<sup>th</sup> Street  
Phoenix, AZ 85008  
1-800-771-4347

## Connecticut

### **Aetna HMO of CT/NY/NJ (EPO)\***

P.O. Box 981109  
El Paso, TX 79998-1109  
1-888-238-6275

### **Health Net HMO of Connecticut/New York/New Jersey (EPO)\***

One Far Mill Crossing  
P.O. Box 904  
Shelton, CT 06484-0944  
1-888-747-5858

### **Oxford HMO Connecticut/New York/New Jersey**

Attn: Claims Department  
P.O. Box 7082  
Bridgeport, CT 06601-7082  
1-800-444-6222

## DC/Maryland/Virginia

### **Aetna HMO of Virginia/DC (EPO)\***

P.O. Box 981109  
El Paso, TX 79998-1109  
1-888-238-6275

### **Empire Blue Cross Blue Shield EPO of Maryland/DC/Virginia\***

JPMorgan Chase Service Center  
P.O. Box 5075  
Middletown, NY 10940-9075  
1-866-446-1532

### **Kaiser Permanente HMO**

#### **Mid-Atlantic**

P.O. Box 6233  
Rockville, MD 20849-6233  
1-800-777-7902

## Delaware

### **Delaware Valley Aetna HMO of DE/MD (EPO)\***

P.O. Box 981109  
El Paso, TX 79998-1109  
1-888-238-6275

### **Empire Blue Cross Blue Shield EPO of Delaware\***

JPMorgan Chase Service Center  
P.O. Box 5075  
Middletown, NY 10940-9075  
1-866-446-1532

## Florida

### **Empire Blue Cross Blue Shield EPO of Florida\***

JPMorgan Chase Service Center  
P.O. Box 5075  
Middletown, NY 10940  
1-866-446-1532

### **Humana HMO of Florida (EPO)\***

P.O. Box 14546  
Lexington, KY 40512  
1-800-992-2551

### **Humana HMO**

#### **Medicare Advantage HMO)**

P.O. Box 14546  
Lexington, KY 40512-4601  
1-800-992-2551

## Georgia

### **Aetna HMO of Georgia (EPO)\***

P.O. Box 981109  
El Paso, TX 79998-1109  
1-888-238-6275

## Illinois

### **Blue Cross Blue Shield HMO of Illinois–Blue Advantage**

1515 W. 31<sup>st</sup> Street  
Downers Grove, IL 60515  
1-800-892-2803

### **Blue Cross Blue Shield HMO of Illinois**

1515 W. 31<sup>st</sup> Street  
Downers Grove, IL 60515  
1-800-892-2803

### **Health Alliance HMO of Illinois (EPO)\***

301 South Vine Street  
Urbana, IL 61801  
1-800-322-7451

### **Humana Premier HMO**

(Medicare Advantage)

P.O. Box 14546  
Lexington, KY 40512  
1-800-992-2551

### **Personal Care HMO of Illinois**

2110 Fox Drive  
Champaign, IL 61820  
1-800-431-1211

### **Unicare HMO**

233 S. Wacker Drive  
Suite 3900  
Chicago, IL 60606  
1-888-234-8855

## Illinois/Indiana

### **Blue Cross Blue Shield HMO of Illinois**

1515 W. 31<sup>st</sup> Street  
Downers Grove, IL 60515  
1-800-892-2803

### **Humana HMO of Illinois/Indiana (EPO)\***

P.O. Box 14546  
Lexington, KY 40512  
1-800-992-2551

### **Humana Premier HMO**

#### **Medicare Advantage HMO)**

P.O. Box 14546  
Lexington, KY 40512-4601  
1-800-992-2551

## Indiana

### **Anthem Blue Preferred HMO Indiana**

P.O. Box 37180  
Louisville, KY 40233-7180  
1-800-884-9925

### **Arnett HMO of Indiana**

415 N. 26<sup>th</sup> Street  
Suite 101  
P.O. Box 6108  
Lafayette, IN 47903  
1-888-448-7440

### **M-Plan HMO of Indiana**

8802 N. Meridian Street  
Indianapolis, IN 46260  
1-800-816-7526  
1-317-571-5320

## Kansas

### **CIGNA HMO of Kansas City (EPO)\***

P.O. Box 5200  
Scranton, PA 18505-5200  
1-800-790-3086

## Kentucky

### **Anthem Blue Preferred EPO, Kentucky\***

P.O. Box 37180  
Louisville, KY 40233-7180  
1-866-236-4372

### **Humana HMO of Kentucky (EPO)\***

P.O. Box 14546  
Lexington, KY 40512  
1-800-992-2551

## Louisiana

### **HMO Louisiana, Inc. (EPO)\***

P.O. Box 98029  
Baton Rouge, LA 70898  
1-800-376-7741

### **UnitedHealthcare of Louisiana (EPO)\***

P.O. Box 740800  
Atlanta, GA 30374-0800  
1-800-272-8970

### **Vantage Health Plan HMO**

130 Desiard Street  
Suite 300  
Monroe, LA 71201  
1-888-823-1910  
1-318-361-9696

## Maryland

### **Aetna HMO of Delaware and Maryland (EPO)\***

P.O. Box 981109  
El Paso, TX 79998-1109  
1-888-238-6275

## Massachusetts

### **Tufts Health Plan HMO**

705 Mt. Auburn Street  
Watertown, MA 02471  
1-800-701-9000

### **Tufts Health Plan HMO Medicare Advantage HMO**

705 Mt. Auburn Street  
Watertown, MA 02471  
1-800-376-7741

## Michigan

### **Blue Care Network of Michigan (HMO)**

BCN Claims  
P.O. Box 68710  
Grand Rapids, MI 49516-8710  
1-800-662-6667

### **Blue Care Network Medicare Advantage HMO**

P.O. Box 68753  
Grand Rapids, MI 49516-8753  
1-800-450-3680  
TTY:1-800-430-3211

### **Health Alliance Plan HMO of Southeast Michigan**

2850 W. Grand Boulevard  
Detroit, MI 48202  
1-800-422-4641  
1-313-872-8100

### **Health Plus HMO of Michigan**

*Saginaw/Bay City/Midland:*  
5454 Hampton Place  
Saginaw, MI 48604  
1-800-942-8816  
1-989-797-4037

#### *All Other Areas:*

2050 S. Linden Road  
Flint, MI 48532  
1-800-332-9161  
1-810-230-2222

### **M-CARE HMO of Michigan**

P.O. Box 130799  
Ann Arbor, MI 48113-0799  
1-800-658-8878  
1-734-913-2211

**Priority Health HMO of Michigan**

Attn: Claims Department  
1231 E. Beltline NE  
P.O. Box 232  
Grand Rapids, MI 49501-0232  
1-800-446-5674

**Missouri****Mercy Health Plans of Missouri (HMO)**

c/o Premier Benefits, Inc.  
P.O. Box 4568  
Springfield, MO 65808-4568  
1-800-836-0402  
1-417-836-0402

**New Hampshire****CIGNA HMO of New Hampshire (EPO)\***

P.O. Box 5200  
Scranton, PA 18505-5200  
1-800-790-3086

**New Jersey****Aetna HMO of Connecticut/ New York/New Jersey (EPO)\***

P.O. Box 981109  
El Paso, TX 79998-1109  
1-888-238-6275

**CIGNA HMO of New Jersey (EPO)\***

P.O. Box 5200  
Scranton, PA 18505-5200  
1-800-790-3086

**Empire Blue Cross Blue Shield EPO of New Jersey\***

JPMorgan Chase Service Center  
P.O. Box 5075  
Middletown, NY 10940-9075  
1-866-446-1532

**Health Net HMO of Connecticut/New York/New Jersey (EPO)\***

One Far Mill Crossing  
P.O. Box 904  
Shelton, CT 06484-0944  
1-888-747-5858

**Medicare Advantage HMO of New Jersey/New York/Pennsylvania HMO**

P.O. Box 963  
Blue Bell, PA 19422-9921  
1-800-282-5366

**Oxford HMO of Connecticut/New York/New Jersey**

Attn: Claims Department  
P.O. Box 7082  
Bridgeport, CT 06601-7082  
1-800-444-6222

**Oxford****Medicare Advantage HMO**

Medicare Advantage Claims Department  
P.O. Box 7082  
Bridgeport, CT 06601  
1-800-234-1228

**New York****Medicare Advantage HMO of New Jersey/New York/Pennsylvania HMO**

P.O. Box 963  
Blue Bell, PA 19422-9921  
1-800-282-5366

**Aetna HMO of Connecticut/ New York/New Jersey (EPO)\***

P.O. Box 981109  
El Paso, TX 79998-1109  
1-888-238-6275

**Blue Cross Blue Shield of Rochester Medicare Advantage HMO**

**Medicare Blue Choice**  
P.O. Box 40246  
Rochester, NY 14604  
1-800-659-1986

**CIGNA HMO of New York (EPO)\***

P.O. Box 5200  
Scranton, PA 18505-5200  
1-800-790-3086

**Empire Blue Cross Blue Shield EPO of New York\***

JPMorgan Chase Service Center  
P.O. Box 5075  
Middletown, NY 10940-9075  
1-866-446-1532

**Empire HealthChoice Medicare Advantage HMO**

**Empire BlueCross BlueShield**  
JPMorgan Chase Service Center  
P.O. Box 5075  
Middletown, NY 10940  
1-800-499-9554

**Excellus Blue Cross Blue Shield of Rochester (HMO)**

165 Court Street  
Rochester, NY 14647  
1-800-462-0108

**Health Net HMO of Connecticut/ New York/New Jersey (EPO)\***

One Far Mill Crossing  
P.O. Box 904  
Shelton, CT 06484-0944  
1-888-747-5858

**HIP Health Plan of New York (HMO)**

55 Water Street  
New York, NY 10041  
1-800-447-8255

**HIP Health Plan of New York HMO  
Medicare Advantage HMO**

55 Water Street  
New York, NY 10041  
1-800-447-8255

**Independent Health HMO**

511 Farber Lakes Drive  
Buffalo, NY 14221  
1-800-501-3439

**Independent Health HMO  
Medicare Advantage HMO**

511 Farber Lakes Drive  
Buffalo, NY 14221  
1-800-501-3439

**MVP Health Care HMO**

625 State Street  
Schenectady, NY 12305  
1-888-687-6277

**Oxford HMO of Connecticut/  
New York/New Jersey**

Attn: Claims Department  
P.O. Box 7082  
Bridgeport, CT 06601-7082  
1-800-444-6222

**Oxford**

**Medicare Advantage HMO**  
Medicare Advantage Claims Department  
P.O. Box 7082  
Bridgeport, CT 06601  
1-800-234-1228

**Preferred Care HMO**

259 Monroe Avenue  
Rochester, NY 14607  
1-800-950-3224

**Preferred Care HMO  
Medicare Advantage HMO**

259 Monroe Avenue  
Rochester, NY 14607  
1-800-665-7924  
1-585-327-5760

**Vytra Health Plan HMO**

395 North Service Road  
Melville, NY 11747-3127  
1-866-409-0999  
1-631-694-6565

## Ohio

**Aetna HMO of Ohio (EPO)\***

P.O. Box 981109  
El Paso, TX 79998-1109  
1-888-238-6275

**CIGNA HMO of Ohio (EPO)\***

P.O. Box 5200  
Scranton, PA 18505-5200  
1-800-790-3086

**QualChoice Health Plan HMO**

6000 Parkland Boulevard  
Cleveland, OH 44124  
1-800-260-2643

**The Health Plan HMO of Ohio**

52160 National Road East  
St. Clairsville, OH 43950  
1-888-847-7902

**UnitedHealthcare EPO of Ohio\***

P.O. Box 740800  
Atlanta, GA 30374-0800  
1-800-272-8970

**UnitedHealthcare Ohio  
Medicare Advantage HMO**

13621 NW 12<sup>th</sup> Street  
Sunrise, FL 33323  
1-888-867-5548

## Oklahoma

**CIGNA HMO of Oklahoma (EPO)\***

P.O. Box 5200  
Scranton, PA 18505-5200  
1-800-790-3086

**Pacificare HMO of Oklahoma**

Pacificare University Park  
6200 Northwest Parkway  
San Antonio, TX 78249-3348  
1-800-825-9355

**Pacificare Secure Horizons HMO  
of Oklahoma**

**Medicare Advantage HMO**  
Pacificare University Park  
6200 Northwest Parkway  
San Antonio, TX 78249-3348  
1-800-771-4347

## Pennsylvania

**Aetna HMO of Pennsylvania (EPO)\***

P.O. Box 981109  
El Paso, TX 79998-1109  
1-888-238-6275

**Medicare Advantage HMO of New Jersey/New York/Pennsylvania HMO** P.O. Box 963  
Blue Bell, PA 19422-9921  
1-800-282-5366

## Texas

**Aetna HMO of Austin (EPO)\***  
P.O. Box 981109  
El Paso, TX 79998-1109  
1-888-238-6275

**Aetna HMO of Houston (EPO)\***  
P.O. Box 981109  
El Paso, TX 79998-1109  
1-888-238-6275

**Aetna Texas Medicare Advantage HMO**  
P.O. Box 963  
Blue Bell, PA 19422-9921  
1-800-282-5366

**Aetna HMO of North Texas (EPO)\***  
P.O. Box 981109  
El Paso, TX 79998-1109  
1-888-238-6275

**Aetna HMO of San Antonio (EPO)\***  
P.O. Box 981109  
El Paso, TX 79998-1109  
1-888-238-6275

**Aetna San Antonio Medicare Advantage HMO**  
P.O. Box 963  
Blue Bell, PA 19422-9921  
1-800-282-5366

**CIGNA HMO of Texas (EPO)\***  
P.O. Box 5200  
Scranton, PA 18505-5200  
1-800-790-3086

**Community First HMO**  
4801 N.W. Loop 410  
Suite 1000  
San Antonio, TX 78229  
1-800-434-2347  
1-210-358-6070

**Humana HMO of Texas (EPO)\***  
P.O. Box 14546  
Lexington, KY 40512  
1-800-992-2551

## Utah

**Altius Health Plan HMO**  
10421 South Jordan Gateway  
Suite 400  
South Jordan, UT 84095  
1-800-377-4161

**Select Med HMO of Utah**  
Member Services  
4646 West Lake Park Boulevard  
Salt Lake City, UT 84120  
1-800-538-5038  
1-801-442-5038

## West Virginia

**Aetna HMO of West Virginia (EPO)\***  
P.O. Box 981109  
El Paso, TX 79998-1109  
1-888-238-6275

## Wisconsin

**Dean Health Plan of Southern Wisconsin (HMO)**  
1277 Deming Way  
Madison, WI 53717  
1-800-279-1301

**Humana HMO of Wisconsin (EPO)\***  
P.O. Box 14546  
Lexington, KY 40512  
1-800-992-2551

**UnitedHealthcare HMO North Wisconsin**  
P.O. Box 30555  
Salt Lake City, UT 84130  
1-866-633-2446

**UnitedHealthcare HMO of Wisconsin**  
P.O. Box 30555  
Salt Lake City, UT 84130  
1-866-633-2446

**Unity HMO of Madison**  
840 Carolina Street  
Sauk City, WI 53583-1374  
1-800-362-3308

# Continuing Coverage Under COBRA

Under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you and your covered dependents have the right to continue health care coverage at your own expense for a certain period of time following the end of your JPMorgan Chase-provided health care coverage under certain circumstances — called “qualifying events.” Your covered dependents include your spouse and your dependent children who are covered at the time of a qualifying event (as defined below). Hewitt Associates is the administrator for JPMorgan Chase COBRA coverage.

## Qualifying Events

COBRA coverage applies to the:

- Medical Plan (including the Prescription Drug Plan);
- Dental Plan;
- Vision Plan;
- Employee Assistance Program; and
- Health Care Spending Account (through the end of the year in which the qualifying event occurs).

## Choosing COBRA Coverage

You and/or your covered dependents must choose to continue coverage within 60 days after the later of:

- The date you and/or your covered dependents would lose coverage as a result of the qualifying event; or
- The date you are notified of your and/or your covered dependents’ right to continue coverage as a result of the qualifying event.

If you make no election during the 60-day period, you waive your right to continue coverage. Each qualifying beneficiary has an independent right to elect COBRA coverage. Covered employees may elect coverage on behalf of their spouses, and parents may elect coverage on behalf of their children.

You, your spouse, and your dependent children may elect COBRA coverage for varying lengths of time, depending on the circumstances under which your JPMorgan Chase health care coverage ends:

- **If Your Employment Terminates or Your Work Hours Are Reduced.** If you lose coverage because your employment terminates (for any reason other than gross misconduct) or your work hours are reduced, you and/or your covered dependents may purchase COBRA coverage for up to 18 months. Certain events may extend this 18-month COBRA continuation period:
  - If your covered dependents experience any second qualifying event within the original 18-month period, they (but not you) may extend the COBRA continuation period for up to an additional 18 months (for a total of up to 36 months from the original qualifying event).
  - If you become eligible for Medicare while employed (even if this is not a qualifying event for your covered dependents because they do not lose coverage) and then a second qualifying event (such as your termination of employment or reduction in hours of work) happens within 18 months, your covered dependents may elect COBRA continuation for up to 36 months from the date that you become eligible for Medicare.

### Qualified Beneficiary

*Individuals eligible for COBRA continuation coverage are called “qualified beneficiaries.” A qualified beneficiary includes the spouse and dependent children of a covered employee, and, in certain cases, the covered employee. Under current law, in order to be considered a qualified beneficiary, an individual must generally be covered under a group health plan on the day before a qualifying event occurs that causes a loss in coverage (such as termination of employment or a divorce from or death of the covered employee). In addition, the birth of a child or a child who is placed for adoption with the covered employee during the period of COBRA continuation coverage is also considered a qualified beneficiary.*

- **If You or Your Covered Dependents Become Disabled.** If you or one of your covered dependents becomes disabled under the Social Security Administration guidelines within 60 days of a qualifying event, you and your covered dependents may continue COBRA coverage for an additional 11 months beyond the initial 18 months, to a total of 29 months. You must notify Hewitt Associates, the COBRA administrator, within 60 days after Social Security issues a determination of disability status and before the initial 18-month COBRA coverage period ends. You also must notify the COBRA administrator within 30 days after Social Security determines the end of disability status for you or your covered dependent.

If a second qualifying event occurs at any time during this 29-month disability coverage period, your covered dependents (but not you) may continue COBRA coverage for an additional seven months, to a total of 36 months.

- **If Your Covered Dependents Lose Coverage.** If your spouse and/or your dependent children lose coverage due to any of the circumstances listed below, they may purchase COBRA coverage for up to 36 months from the date that:
  - You die;
  - You divorce your spouse or become legally separated;
  - You become eligible for Medicare; or
  - Your dependent child loses dependent eligibility status under the terms of the plan (for example, the end of the month in which your dependent child reaches age 23).

## Continuation Coverage for Qualified Adult Dependents

Qualified adult dependents or the children of qualified dependents who are not your tax dependents are not eligible for COBRA continuation coverage under federal law. However, JPMorgan Chase provides COBRA-like coverage if your domestic partner (and his/her eligible children) or extended family member was covered under the JPMorgan Chase Medical Plan, Dental Plan, and/or Vision Plan at the time coverage ended.

**Please Note:** Not all Medical, Dental, and Vision Plan options allow COBRA-like coverage for a qualified adult and eligible dependent children. It is the responsibility of the employee to contact the health care administrator of his or her Medical Plan, Dental Plan, and/or Vision Plan option to verify what type of qualified adult continuation coverage is available.

The rate for qualified adult continuation coverage will be the same as the COBRA rate. Contributions will be made on an after-tax basis and will represent the full value of the coverage plus two percent. If you die while continuing your own coverage under COBRA, coverage may be continued by the qualified adult for the remainder of the original period.

If a second qualifying event occurs any time within the original 18-month period, COBRA continuation coverage may be extended for an additional 18 months for a total period of 36 months.

## Giving Notice of a Qualifying Event

If your employment terminates, your work hours are reduced, you become eligible for Medicare, or you die, the COBRA administrator automatically will notify you or your covered dependents about your right to elect continued coverage under COBRA. You will receive the necessary election forms within 14 days from the date that the COBRA administrator is notified of your eligibility for COBRA coverage.

However, if you divorce or become legally separated from your spouse, or your dependent child loses dependent status under the terms of the plan, you or one of your covered dependents must notify the COBRA administrator in writing within 60 days of any such event. If notice is not received within that 60-day period, your dependents will not be entitled to elect COBRA continuation coverage. Notice must be provided to the Plan Administrator and must include the following information: the name of the employee or qualified beneficiaries requesting coverage, the qualifying event and the date of the qualifying event. In addition, you may be asked to provide supporting documentation such as: divorce decree, separation agreement, or dependent child(ren)'s marriage certificate(s). Otherwise, your covered dependents will not be eligible to elect continued coverage under COBRA.

If a qualified beneficiary experiences a second qualifying event that would entitle him or her to additional months of continuation coverage, he or she must notify the Plan Administrator. This notice must be provided in writing and must include the name of the employee, the name of the qualified beneficiary receiving COBRA coverage, and the type and date of the second qualifying event.

This notice must be provided within 60 days from the date of the second qualifying event (or, if later, the date coverage would normally be lost because of the second qualifying event). In addition, the qualified beneficiary may be asked to provide a copy of a death certificate, divorce decree, separation agreement, or the dependent child(ren)'s marriage certificate(s).

When the plan is notified that one of these events has happened, the qualified beneficiary will automatically be entitled to the extended period of COBRA continuation coverage. If a qualified beneficiary fails to provide the appropriate notice and requested supporting documentation during this 60-day notice period, the qualified beneficiary will not be entitled to extended continuation coverage.

If you are a former employee and you have a newborn or adopt a child while you are on COBRA continuation and you enroll the new child for coverage, the new child will be considered a qualified beneficiary rather than an after-acquired dependent. This gives the child additional rights, such as the right to continue COBRA benefits even if you die during the COBRA period, and the right to an additional 18 months of coverage if a second qualifying event occurs during the initial 18-month COBRA period following your termination or retirement.

## Premium Due Dates

If you elect to continue coverage under COBRA, you must pay the initial premium (including all premiums due but not paid) within 45 days after your election. Thereafter, COBRA premiums must be paid monthly and within 30 days of each due date. If you elect to continue your coverage under COBRA but do not make timely payments, your coverage will be terminated retroactively to your last payment and will not be reinstated.

### Updating Your Personal Contact Information

*Please contact the Benefits Call Center if you have any changes to your or your covered dependent's personal contact information. This will ensure that you and they receive the information needed to enroll in COBRA.*

## Coverage During the Continuation Period

With respect to Medical Plan and Dental Plan coverage, you and your covered dependents may choose to continue the coverage you had as an active employee or you may elect a different option at the time you initially enroll for COBRA coverage. If coverage is changed for active employees, the same changes will be provided to individuals with COBRA coverage. In addition, you and your covered dependents may change coverage during the annual benefits enrollment period, if a qualified change in status occurs, or at other times, to the same extent that active employees may do so.

## COBRA Coverage Costs

If you choose to continue coverage under COBRA, you will pay the full cost for yourself and/or your qualified beneficiaries, plus a 2% administrative fee. If COBRA coverage is extended due to a disability, the rates for coverage during the additional 11 months are 150% of the full cost.

If a second qualifying event occurs during the initial 18-month period of COBRA coverage, the 102% rate applies to you and your qualified beneficiaries for the full 36 months of COBRA coverage, even if you or one of your covered dependents becomes disabled. However, if a second qualifying event occurs during an extended disability coverage period, then the rates of coverage will continue at the higher disability coverage rates explained above.

## How Continued Coverage Could End

Under COBRA rules, coverage will end for you and/or your covered dependents when the first of the following occurs:

- Your COBRA coverage period ends;
- You do not make the required premium payments for coverage on a timely basis;
- You obtain coverage under another group plan that does not exclude or limit coverage for pre-existing conditions. However, if the new plan does have pre-existing conditions or limits, you can continue your COBRA coverage for that specific condition up to the end of your original maximum COBRA period (18 or 36 months, depending on your situation);
- You become eligible for Medicare. However, if you become eligible for Medicare, your covered dependents may be eligible to continue coverage through COBRA for up to 36 months from the date of the original qualifying event;
- In the case of an extended disability coverage period, you or your covered dependent is no longer considered disabled under Social Security guidelines;
- For newborns and children adopted by or placed for adoption with you during your COBRA continuation period, the date your COBRA coverage period ends unless a second qualifying event occurs; or
- JPMorgan Chase terminates the plan.

## Special Rule for Health Care Spending Account Participants

Participants in the Health Care Spending Account may be eligible to continue participation under COBRA if you make after-tax contributions at 102% of the total cost to the account. Coverage may not be continued into the next plan year.

**Please Note:** You may want to elect to continue your participation in the Health Care Spending Account under COBRA if you have not used your entire account balance prior to your termination date and you will incur expenses after that date. Otherwise, only those expenses incurred through the end of the month in which you terminate will be eligible for reimbursement.

## Converting to an Individual Medical Policy

By converting your medical coverage to an individual policy, you and/or your dependents purchase an individual policy directly from the claims administrator. If the plan you are enrolled in is a fully-insured HMO option, you may be able to convert to an individual policy. Conversion is not available under the other plan options. See “HMO/EPO Claims Administrator Address and Telephone Directory” on page 36 to determine whether your plan is fully insured. (Options marked with an asterisk are self-insured. All other options are fully insured.)

You and your eligible dependents may convert medical coverage to an individual policy either:

- Within 31 days of termination of employment, in lieu of choosing COBRA continuation coverage; or
- Within 31 days of the termination of COBRA continuation coverage.

You may not convert to an individual policy if COBRA coverage ends because other group coverage is obtained or if coverage is terminated because of non-payment of COBRA contributions.

Contact your option’s claims administrator for more information about converting your coverage and the rates for an individual policy.

## Further Questions About COBRA Coverage

If you have further questions about your COBRA coverage, or you need to contact the COBRA administrator for any reason, please call or write to:

Hewitt Associates  
JPMorgan Chase Benefits Call Center  
P.O. Box 785041  
Orlando, FL 32826-5041  
1-866-717-7716

# Leaves of Absence

## Military Leave of Absence

Your benefits coverage may be affected if you take a paid or unpaid military leave as described below. For detailed information about the JPMorgan Chase Military Leave and Reserve Training Policy, please visit HR & Personal via Company Home (HR Policies > Time Away from Work > Leave of Absence Policies > Military Leave and Reserve Training).

## Paid Military Leave

If you qualify for a paid military leave, you will be provided with full pay and continuation of most benefits. **Please Note:** Certain benefits plans have exclusions for injury or illness that result from an act of war. Benefits which do not continue while you are on a paid military leave include:

- Business Travel Accident Insurance;
- Transportation Spending Accounts; and
- Long-Term Disability (after 12 weeks of paid military leave).

You may resume your benefits coverage when you return to work. In addition, you are eligible to make up any before-tax contributions to the 401(k) Savings Plan during the period of time that you were on a paid leave (if you stopped making contributions).

## Unpaid Military Leave

If you qualify for an unpaid military leave, you may continue many of your elected benefits, provided you make the necessary contributions. **Please Note:** Certain benefits plans have exclusions for injury or illness that result from an act of war. Benefits which do not continue while you are on an unpaid military leave include:

- Business Travel Accident Insurance;
- Child/Elder Care Spending Account;
- Transportation Spending Accounts; and
- Long-Term Disability (after 12 weeks of unpaid military leave).

Benefits coverage may also end after appropriate notification from JPMorgan Chase if you do not make the necessary contributions. You may resume your benefits coverage when you return to work. In addition, you are eligible to make up any before-tax contributions to the 401(k) Savings Plan during the period of time that you were on an unpaid leave.

## JPMorgan Chase and the Family and Medical Leave Act (FMLA) Policy

There are different types of leaves of absence that may qualify under the JPMorgan Chase and the Family and Medical Leave Act Policy. For detailed information about leaves of absence and the FMLA, please visit HR & Personal via Company Home (HR Policies > Time Away from Work > Leave of Absence Policies).

### Please Note...

*You should refer to each individual plan description for more information about what happens to your benefits in the event of a leave of absence.*

## **Benefits Coverage While on Approved Disability Leave**

While you are on a disability leave you may continue many of your elected benefits provided you make the necessary contributions. Benefits which do not continue while you are on disability leave include Business Travel Accident Insurance and Transportation Spending Accounts. If your leave is unpaid, you cannot continue participating in the Child/Elder Care Spending Account, Retirement Plan, and 401(k) Savings Plan. The Health Care Spending Account can be continued through COBRA. If your Health Care Spending Account participation ended and you did not continue it through COBRA, and you return to work in the same calendar year in which it ended, you may not resume or make changes to this account in that calendar year. However, you may elect to participate in the Health Care Spending Account during the next annual benefits enrollment period for an effective date in the following calendar year.

Benefits coverage may also end after appropriate notification from JPMorgan Chase if you do not make the necessary contributions. If your benefits coverage ended during your leave, you may resume coverage when you return to work.

## **Benefits Coverage While on Approved Parental Leave**

While you are on a parental leave, you may continue many of your elected benefits provided you make the necessary contributions. Benefits which do not continue while you are on a parental leave include Business Travel Accident, Child/Elder Care Spending Account, and the Transportation Spending Accounts.

## **Benefits Coverage While on Approved Family Leave**

You may continue many of the benefits you elected while you are on family leave provided you make the necessary contributions. Benefits which do not continue while you are on family leave include Long-Term Disability (LTD) (coverage stops after 12 weeks), Business Travel Accident Insurance, Transportation Spending Accounts, Health Care Spending Account (may continue participation under COBRA, if elected), and Child/Elder Care Spending Account. Benefits coverage may also end after appropriate notification from JPMorgan Chase if you do not make the necessary contributions. You may resume your benefits coverage when you return to work.

## **Special Rules for Health Care Spending Account**

Special rules apply to your health care spending account. When you take a leave covered under the JPMorgan Chase and Family and Medical Leave Act Policy, the entire amount you elected under your health care spending account will be available to you during your leave period, less any prior reimbursements that you have received for that plan year, as long as you continue to make your contributions during your leave of absence. If you stop making contributions, your participation in the health care spending account will terminate while you are on a leave and you may not receive reimbursement for any health care expenses you incur after your coverage terminated.

If your health care spending account participation terminates during your leave, your health care spending account contributions will begin again if you return to work during the same year in which your leave began. Your contributions will increase to “make up” for the contributions you missed during your leave. The amount available for reimbursement will be the same amount you could receive immediately before the leave.

You may not use your health care spending account for expenses incurred during the period you did not participate.

# Other Important Information

In addition to the details provided on other pages, below you'll find more important information.

## No Assignment of Benefits

The plans summarized in this Guide are used exclusively to provide benefits to you and, in some cases, your survivors. Neither you nor JPMorgan Chase can assign, transfer, or attach your benefits, or use them as collateral for a loan. One exception is the case of a qualified domestic relations order (QDRO) under the Retirement Plan or the 401(k) Savings Plan, as explained in the applicable sections.

**Please Note:** You may assign certain employee life insurance benefits and may assign to a health care service provider the right to payment. Please contact the Benefits Call Center for more information.

## Right to Amend

JPMorgan Chase reserves the right to amend, modify (including cost of coverage), reduce or curtail benefits under, or terminate all of the plans and policies described in this Guide at any time for any reason by act of the Executive Vice President, Compensation and Benefits. In addition, all of the plans and policies described in this Guide do 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.

## Not a Contract of Employment

Neither this Guide, nor the benefits described in this Guide, creates a contract of employment nor a guarantee of employment between JPMorgan Chase and any employee.

## Plan Documents Control

This section is a summary of the plan documents and may not contain all the information important to you. We urge you to read the text of the plan documents. You may obtain a copy of the plan documents and information regarding Plan Administrators by writing to:

**Plan Administrator for the Health and Income Protection Plans:**

JPMorgan Chase & Co.  
One Chase Manhattan Plaza  
20<sup>th</sup> Floor  
Mail Code: NY1-A340  
New York, NY 10005-1402

**Plan Administrator for the Retirement Plan and 401(k) Savings Plan:**

JPMorgan Chase & Co.  
One Chase Manhattan Plaza  
20<sup>th</sup> Floor  
Mail Code: NY1-A340  
New York, NY 10005-1402