

July 2011

▶ Highlights of The JPMorgan Chase U.S. Benefits Program



JPMORGAN CHASE & CO.

What's Inside

	Page
About the JPMorgan Chase U.S. Benefits Program	2
The Health Care and Insurance Plans	6
Medical Plan	6
Dental Plan	13
Vision Plan	15
Spending Accounts—Health Care, Child/Elder Care, Transportation	16
Long-Term Disability (LTD) Plan	19
Life and Accident Insurance Plans	20
Long-Term Care Insurance Plan	21
Group Personal Excess Liability Insurance Plan	21
Group Legal Services Plan	22
The Retirement Savings Program	23
401(k) Savings Plan	23
Retirement Plan	24
Employee Stock Purchase Plan	24
Additional Employee Programs & Services	24
Important Definitions	25
Appendix	26
Special Notice for Employees Who Have Been Reinstated by JPMorgan Chase Within 31 Days	26
Additional Reminders	27

About Eligibility

The JPMorgan Chase U.S. Benefits Program described in this brochure is generally available in whole or in part to most employees on a U.S. payroll who are:

- Paid salary, draw commissions, or production overrides;
- Employed by JPMorgan Chase & Co. or one of its subsidiaries to the extent that such subsidiary has adopted the JPMorgan Chase U.S. Benefits Program; and
- Regularly scheduled to work 20 or more hours per week.

You are considered a full-time U.S. benefits-eligible employee if you are regularly scheduled to work 40 hours per week.

You are considered a part-time, benefits-eligible employee if you are regularly scheduled to work at least 20 but less than 40 hours per week.

The JPMorgan Chase U.S. Benefits Program is available to most employees on a U.S. payroll 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 U.S. 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 U.S. 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 at any time.

Have You Worked...

... for JPMorgan Chase or any of its predecessor organizations in the past? If yes, then your prior service may count toward your eligibility and vesting for certain JPMorgan Chase benefits plans. For more specific information, please see page 25.

Generally, your Health Care and Insurance Plan benefits elections remain in effect throughout the calendar year. In the case of most benefits plans, you're not allowed to make changes to your elections until the next annual enrollment period—unless you experience a qualified change in status.

If you experience a qualified status change (such as marriage, divorce, the birth or adoption of a child), you must make any eligible Health Care and Insurance Plan benefits changes within 31 days of the qualifying event. If you miss the 31-day deadline, coverage for certain benefits (i.e., medical, dental, vision, and the Health Care Spending Account) will be effective as of the date you contact the Benefits Call Center, and you may be required to pay for your coverage on an after-tax basis for the period prior to the date you first contact the Benefits Call Center in order to have retroactive coverage. Otherwise, you will not be able to make the change in coverage until an annual benefits enrollment period.

About the JPMorgan Chase U.S. Benefits Program

JPMorgan Chase is committed to providing a comprehensive set of benefits choices to meet different employee needs and life styles. In return, we ask our employees to take an active role in designing a personal strategy to help meet their short-term and long-term “health care and insurance” and “retirement savings” objectives. This brochure provides an overview of the JPMorgan Chase U.S. Benefits Program.

For the definitions of “eligible compensation,” “pay credit service,” “total annual cash compensation,” and “total service” used in the following table and throughout this brochure, please see page 25.

JPMorgan Chase Benefits at a Glance

BENEFIT	COVERAGE SUMMARY	WHEN PARTICIPATION BEGINS FOR NEW HIRES**
Medical	<ul style="list-style-type: none"> Four coverage options depending on your home zip code: <ul style="list-style-type: none"> Point-of-Service (POS)* High Option Point-of-Service (POS)* Low Option Exclusive Provider Organization (EPO) Option/Health Maintenance Organization (HMO) Option Consumer Driven Health Option Plus Tax-Deferred Health Savings Account In-network preventive care covered at 100% under most options All options include prescription drug coverage No exclusions for pre-existing conditions Employee and dependent coverage (including domestic partner coverage) JPMorgan Chase and employee cost sharing Smoker/non-smoker rates apply Employee contributions on a before-tax basis are generally determined based on your level of “total annual cash compensation” (excluding overtime), the medical option chosen, where you live, the number and type of dependents covered, and your covered dependents’ smoker/non-smoker status 	<ul style="list-style-type: none"> Full-time employees: First day of the month following your date of hire Part-time employees: First day of the month following 90 days from your date of hire
Dental	<ul style="list-style-type: none"> Three coverage options depending on your home zip code: <ul style="list-style-type: none"> Preferred Dentist Program (PDP) Option Dental Maintenance Organization (DMO) Option/ Dental Health Maintenance Organization (DHMO) Option Traditional Indemnity Dental Option Employee and dependent coverage (including domestic partner coverage) JPMorgan Chase and employee cost sharing Employee contributions on a before-tax basis 	<ul style="list-style-type: none"> Full-time employees: First day of the month following your date of hire Part-time employees: First day of the month following 90 days from your date of hire
Vision	<ul style="list-style-type: none"> Coverage for eligible vision expenses like eye exams, lenses (including contacts), and eyeglass frames Employee and dependent coverage (including domestic partner coverage) Employee contributions on a before-tax basis 	<ul style="list-style-type: none"> Full-time employees: First day of the month following your date of hire Part-time employees: First day of the month following 90 days from your date of hire
Spending Accounts	<ul style="list-style-type: none"> Health Care Spending Account—Contributions up to \$8,000 annually Child/Elder Care Spending Account—Contributions generally up to \$5,000 annually Transportation Spending Accounts—Contributions for work commuting expenses for mass transit (up to \$120 monthly in 2011) and parking (up to \$230 monthly in 2011) Employee contributions on a before-tax basis Employee contributions on an after-tax basis for Transportation Spending Accounts when expenses exceed before-tax limits referenced above 	<ul style="list-style-type: none"> Full-time employees: First day of the month following your date of hire Part-time employees: First day of the month following 90 days from your date of hire
Long-Term Disability (LTD) Insurance	<ul style="list-style-type: none"> For employees earning less than \$60,000 in “total annual cash compensation”: <ul style="list-style-type: none"> Company-provided employee coverage of 60% of your “total annual cash compensation” Fully paid for by JPMorgan Chase For employees whose “total annual cash compensation” is \$60,000 or more: <ul style="list-style-type: none"> Replacement of 50% of “total annual cash compensation” Replacement of 60% of “total annual cash compensation” \$20,000 maximum monthly LTD benefit Employee contributions on an after-tax basis For employees whose “total annual cash compensation” is \$400,000 or more: <ul style="list-style-type: none"> Ability to purchase additional LTD coverage under a fully portable Individual Disability Insurance (IDI) Policy IDI policy provides an additional maximum monthly LTD benefit of up to \$15,000. Fully portable Smoker/non-smoker rates apply 	<ul style="list-style-type: none"> Full-time employees: First day of the month following your date of hire Part-time employees: First day of the month following 90 days from your date of hire

(continued)

*The Anthem POS High or Low Option may be referred to as a Preferred Provider Organization (PPO).

**Indicates when participation begins if you enroll when first eligible. If you do not enroll when you are first eligible, your participation will not begin unless you enroll due to a qualified status change or during subsequent annual benefits enrollment periods. (This does not apply to Long-Term Disability for employees whose total annual cash compensation is less than \$60,000, Transportation Spending Accounts, Long-Term Care, Basic Life, Business Travel Accident Insurance, the Retirement Plan, or the 401(k) Savings Plan.)

JPMorgan Chase Benefits at a Glance *(continued)*

BENEFIT	COVERAGE SUMMARY	WHEN PARTICIPATION BEGINS FOR NEW HIRES**
Basic Life Insurance	<ul style="list-style-type: none"> ● Company-provided employee coverage equal to one times eligible compensation (rounded up to next \$1,000) to a maximum of \$100,000 ● Additional features of the Basic Life Insurance Plan include: <ul style="list-style-type: none"> — SurvivorSupport® Financial Counseling Service — Identity (ID) Theft Assistance Program — Travel Assistance and Emergency Evacuation Services — Funeral Concierge Services ● Fully paid for by JPMorgan Chase 	<ul style="list-style-type: none"> ● Full-time employees: First day of the month following your date of hire ● Part-time employees: First day of the month following 90 days from your date of hire
Business Travel Accident Insurance	<ul style="list-style-type: none"> ● Company-provided employee coverage equal to six times annual base salary (minimum of \$50,000 and maximum of \$3 million) ● Fully paid for by JPMorgan Chase 	First day of work with JPMorgan Chase
Employee and Dependent Supplemental Term Life Insurance	<ul style="list-style-type: none"> ● Employee coverage up to 10 times eligible compensation in \$10,000 increments up to a maximum of \$3 million ● Spouse/domestic partner coverage from \$10,000 to \$300,000 in \$10,000 increments ● Child coverage equal to \$5,000 or \$10,000 per child ● Employee and adult dependent smoker/non-smoker rates apply ● Employee contributions on an after-tax basis 	<ul style="list-style-type: none"> ● Full-time employees: First day of the month following your date of hire ● Part-time employees: First day of the month following 90 days from your date of hire
Employee and Dependent Accidental Death and Dismemberment (AD&D) Insurance	<ul style="list-style-type: none"> ● Employee coverage up to 10 times eligible compensation in \$10,000 increments up to a maximum of \$3 million ● Spouse/domestic partner coverage from \$10,000 to \$600,000 in \$10,000 increments ● Child coverage from \$10,000 to \$100,000 in \$10,000 increments per child ● Employee contributions on an after-tax basis 	<ul style="list-style-type: none"> ● Full-time employees: First day of the month following your date of hire ● Part-time employees: First day of the month following 90 days from your date of hire
Long-Term Care Insurance	<ul style="list-style-type: none"> ● Employee and dependent coverage (including spouse/domestic partner, and employee's/spouse's/domestic partner's parents and grandparents) ● Choice of five daily benefit options with optional forfeiture protection feature ● Employee contributions on an after-tax basis 	<ul style="list-style-type: none"> ● Full-time employees: First day of the month following your date of hire ● Part-time employees: First day of the month following 90 days from your date of hire ● Coverage for dependents becomes effective the first day of the month following date of approval by insurance carrier
Group Personal Excess Liability Insurance	<ul style="list-style-type: none"> ● Provides additional liability coverage in excess of the limits carried on your personal insurance policies such as homeowners or renters, automobile, watercraft, etc. ● You choose from among three levels of coverage: <ul style="list-style-type: none"> — \$2 million — \$5 million — \$10 million ● Employee contributions on an after-tax basis 	<ul style="list-style-type: none"> ● Full-time employees: First day of the month following your date of hire ● Part-time employees: First day of the month following 90 days from your date of hire
Group Legal Services	<ul style="list-style-type: none"> ● Coverage for attorneys' fees for routine legal services related to personal and family legal issues ● Employee and dependent coverage (including domestic partner coverage) ● Employee contributions on an after-tax basis 	<ul style="list-style-type: none"> ● Full-time employees: First day of the month following your date of hire ● Part-time employees: First day of the month following 90 days from your date of hire

(continued)

**Indicates when participation begins if you enroll when first eligible. If you do not enroll when you are first eligible, your participation will not begin unless you enroll due to a qualified status change or during subsequent annual benefits enrollment periods. (This does not apply to Long-Term Disability for employees whose total annual cash compensation is less than \$60,000, Transportation Spending Accounts, Long-Term Care, Basic Life, Business Travel Accident Insurance, the Retirement Plan, or the 401(k) Savings Plan.)

JPMorgan Chase Benefits at a Glance *(continued)*

BENEFIT	COVERAGE SUMMARY	WHEN PARTICIPATION BEGINS FOR NEW HIRES**
401(k) Savings	<ul style="list-style-type: none"> ● Automatic enrollment for new hires at a before-tax contribution rate of 3% of “eligible compensation,” with 1% annual automatic increase up to a total contribution rate of 5%. Contributions will be invested in a Target Date Fund, based on the employee’s age and an assumed retirement date of 65. These elections will take effect if no action is taken within 60 days. ● Can otherwise choose before-tax and/or Roth after-tax 401(k) contributions (up to the legal limit—\$16,500 for 2011) up to 50% of “eligible compensation” (up to the legal limit—\$245,000 for 2011) ● Participants age 50 and over as of December 31 of any calendar year may be eligible to make “catch-up” contributions (up to the legal limit—\$5,500 for 2011) ● Matching contributions: <ul style="list-style-type: none"> — Dollar-for-dollar on 5% of “eligible compensation” contributed to the plan for participants who have completed one year of “total service” and have “total annual cash compensation” of less than \$250,000 — Calculated and credited to a participant’s account annually, following the end of each calendar year. Participants generally must be employed on December 31 of that year to be eligible to receive any matching contribution. — 100% vested after three years of “total service” (if hired on or after May 1, 2009) — Matching contributions are invested in the same manner as your own employee contributions. ● Can choose between Target Date Funds and 22 Core Funds ● When you leave JPMorgan Chase, vested account balances are payable in the form of a single lump sum, rollover to an IRA or another qualified plan, or installment payments 	<ul style="list-style-type: none"> ● New employees will be automatically enrolled in the plan 60 days after their hire/eligibility date, with payroll deductions beginning shortly thereafter, unless they make other elections (e.g., to enroll sooner) or choose not to participate (i.e., “opt out”). ● Full-time employees: Eligible as of your first day of employment with JPMorgan Chase ● Part-time employees: Eligible as of the first day of the month following 90 days from your date of hire ● Participants become eligible for matching contributions on the first day of the month following completion of one year of total service if eligibility criteria is met.
Retirement (Cash Balance Pension Plan)	<ul style="list-style-type: none"> ● Participation begins automatically after one year of “total service” ● A notional account established in your name that grows with “pay credits” and “interest credits” ● Monthly pay credits from 3% to 5% of “eligible compensation” depending on completed years of “pay credit service” ● “Eligible compensation” capped at \$100,000 annually ● Monthly interest credits ● 100% vested after three years of “total service” ● When you leave JPMorgan Chase, vested account balances are payable in the form of a single lump sum, rollover to an IRA or another qualified plan, or a variety of annuity options ● Fully paid for by JPMorgan Chase 	Generally the first day of the month after completing one year of total service
Employee Stock Purchase	<ul style="list-style-type: none"> ● Purchase JPMorgan Chase common stock quarterly at a 5% discount with dividend reinvestments ● No brokerage or commission fees ● Employee contributions on an after-tax basis from \$240 to \$25,000 per year up to 20% of “eligible compensation” ● Employees with “total annual cash compensation” of \$250,000 or more are not eligible to participate 	<ul style="list-style-type: none"> ● Must be hired on or before September 30 to participate in the following year ● Election to participate only during an annual benefits enrollment period

***Indicates when participation begins if you enroll when first eligible. If you do not enroll when you are first eligible, your participation will not begin unless you enroll due to a qualified status change or during subsequent annual benefits enrollment periods. (This does not apply to Transportation Spending Accounts, Long-Term Care, Basic Life, Business Travel Accident Insurance, the Retirement Plan, or the 401(k) Savings Plan.)*



Wellness Program

Nothing is more important than the health of you and your family. That’s why JPMorgan Chase offers a Wellness Program for you and your family. Our Wellness Program provides resources and services that can help you take charge of your health and make informed health care decisions for you and your family.

Our wellness resources are also available to enrolled family members; however the Wellness Rewards Program is only available to employees at this time.

WELLNESS PROGRAM

PROGRAM	DESCRIPTION
Wellness Screening	<ul style="list-style-type: none"> A health check that measures your blood pressure, blood sugar, cholesterol (total HDL and LDL), triglycerides, and body mass index. These numbers are indicators of your overall health, so it’s important to know them. JPMorgan Chase periodically offers free, onsite wellness screenings at major locations. Or you can get one free through the JPMorgan Chase Medical Plan when you go to an in-network doctor for your annual physical.
Wellness Assessment	<ul style="list-style-type: none"> It’s a confidential online health and lifestyle questionnaire that will take about 15 minutes to complete. Once completed, you can then print your Wellness Profile, a report that identifies what you’re doing well, provides recommended actions for improving your health, and identifies potential health issues to discuss with your doctor.
CareAllies Programs	<ul style="list-style-type: none"> Health coaches can help you set goals to address certain potential health risks—like creating an exercise program, developing a healthy eating plan, or building a plan to lower your blood pressure or cholesterol. If weight or stress is affecting your ability to live an active and productive life, you can enroll in one of the Lifestyle Management programs, available either via the telephone or online. These programs can support you through each step of a plan to set you on a path toward weight loss or stress management. If you or a family member has a chronic condition such as asthma, diabetes, heart conditions, or low back pain, you can take advantage of the Smart Steps Condition Management Program, which uses nationally-recognized resources and industry-leading guidelines to help you manage your condition. Nurses and other health professionals are available 24 hours a day, seven days a week to answer your health questions.
Health Advocate	<ul style="list-style-type: none"> Health Advocate can help you find solutions to your health care or insurance-related issues, such as locating and researching treatments for a medical condition, resolution for your benefits claims, scheduling appointments with hard-to-reach specialists, and more.
Employee Assistance & Work-Life Program	<ul style="list-style-type: none"> The Employee Assistance and Work-Life Program is a professional counseling, consultation, and referral service available to help our employees and their family members find solutions to the many challenges faced in managing work and personal lives. The program includes referrals for professional, confidential, and free counseling, assistance with adoption services, adult and elder professional care management, parenting resources and information, financial and legal counseling, relocation resources, pet care, and more. EAP services are free, confidential, and available 24 hours a day, seven days a week.
Onsite Support	<ul style="list-style-type: none"> At major locations, JPMorgan Chase provides Health Services Clinics, seasonal flu shots, cafeterias offering healthy dining, and backup childcare.

Earn Wellness Rewards!

You can earn up to \$200 for completing healthy activities identified as part of the program—like getting a wellness screening, completing your Wellness Assessment*, exercising regularly, and getting preventive care services.

* The Wellness Assessment is your entry way to the Wellness Rewards program and is a required step to earn and redeem Wellness Rewards.

The Health Care and Insurance Plans

Maintaining good health and protecting your income in case you're unable to work are important priorities in your life. That's why JPMorgan Chase offers a variety of options under our Health Care and Insurance Plans—such as the Medical, Dental, Vision, Spending Accounts, Long-Term Disability, Life and Accident Insurance, Long-Term Care Insurance, Group Personal Excess Liability, and Group Legal Services Plans—to provide you with the opportunity to select health care and insurance benefits that best suit your needs and those of your eligible dependents.

Medical Plan

JPMorgan Chase offers several different types of medical options that provide a range of quality and flexible coverage. The number of options available to you is based on where you live. All options generally cover the same medically necessary services and supplies, including prescription drugs. Under most Medical Plan options, in-network preventive care services are fully covered (there is no annual deductible or copayment; subject to age and frequency guidelines). Here's a brief overview of each Medical Plan option:

	Point of Service (POS) High Option*	Point of Service (POS) Low Option*	Exclusive Provider Organization (EPO) Option* / Health Maintenance Organization (HMO) Option	Consumer Driven Health Option (CDHO)				
Per-Pay-Period Contributions	Depends on the level of your "total annual cash compensation," the medical option you choose, the number and type of eligible dependents you cover, where you live, and your and/or your dependents' smoker status. (Please see page 25 for the definition of "total annual cash compensation.")							
Network	Both in- and out-of-network coverage ² available, with higher benefits paid in-network		100% in-network coverage; out-of-network benefits only available for an approved emergency	Both in- and out-of-network coverage ² available, with higher benefits paid in-network				
In-Network Copayments Physician Office Visit Specialist Office Visit	\$20 \$30	\$40 \$50	\$20 \$30	80% after deductible				
Emergency Room Visit	\$150	\$150	\$150; out-of-network benefits only available for an approved emergency					
Preventive Care³	100% in-network	100% in-network	100% in-network	100% in- and out-of-network				
Coinsurance (after deductible or copayment) surgery, lab work, etc.	90% in-network 70% out-of-network	80% in-network 60% out-of-network	100% in-network coverage; Out-of-network benefits only available for an approved emergency	80% in-network 60% out-of-network				
Annual Deductible	Deductible does not apply to office visits or emergency room charges						In-Network	Out-of-Network
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network		
Employee Only	\$250	\$750	\$500	\$1,500	\$150	Out-of-network benefits available only for an approved emergency	\$1,500	\$1,500
Employee Plus One Adult	\$500	\$1,500	\$1,000	\$3,000	\$300		\$3,000	\$3,000
Employee Plus Child(ren)	\$500	\$1,500	\$1,000	\$3,000	\$300		\$3,000	\$3,000
Employee Plus Family	\$750	\$2,250	\$1,500	\$4,500	\$450		\$3,000	\$3,000
Annual Out-of-Pocket Maximums (excludes deductible and copayments)								
Employee Only	\$1,500	\$3,000	\$2,500	\$5,000	N/A	Out-of-network benefits available only for an approved emergency	\$3,000	\$6,000
Employee Plus One Adult	\$3,000	\$6,000	\$5,000	\$10,000	N/A		\$6,000	\$12,000
Employee Plus Child(ren)	\$3,000	\$6,000	\$5,000	\$10,000	N/A		\$6,000	\$12,000
Employee Plus Family	\$4,500	\$9,000	\$7,500	\$15,000	N/A		\$6,000	\$12,000

Please Note: This chart presents an overview of plan design features—for more detailed information, please contact your claims administrator or use the Health Plan Comparison Charts on the Benefits Web Center. With the Health Plan Comparison Charts, you can easily compare specific features (e.g., costs, deductibles, coinsurance, etc.) of up to three Medical Plan options at one time.

¹ Medical Plan coverage may vary for certain HMO and EPO options. For instance, there is no in-network annual deductible for fully-insured HMO Options.

For more information, please refer to the Health Plan Comparison Charts on the Benefits Web Center.

² Coverage for an out-of-network provider under the POS High and Low Options and the CDHO are subject to "Reasonable and Customary Charges"—the prevailing charge for most providers in the same or similar geographic area for the same or similar service or supply.

³ Eligible preventive services are subject to age and frequency guidelines. The service must be submitted to the claims administrator as preventive medical care rather than as a diagnostic service in order to qualify for preventive care coverage. For a complete list of eligible services, please contact your claims administrator.

* Under the POS and EPO Options, any deductibles and out-of-pocket maximums for prescription drug coverage are separate from those under the Medical Plan. Please see page 9 for additional details. However, under the CDHO, any deductibles and out-of-pocket maximums apply to both medical and prescription drug coverage.

POINT-OF-SERVICE (POS)* HIGH AND LOW OPTIONS

The POS High and Low Options give you the flexibility to use any licensed provider and receive benefits—you do not need to select a primary care physician (PCP). You have the opportunity to get higher, “in-network” benefits when you use preferred providers who belong to the POS network. Generally, your out-of-pocket costs will be lower if you use network providers because these providers have agreed to offer their services for lower, prenegotiated rates.

If you enroll in the POS High Option, you pay higher premiums but have lower deductibles, out-of-pocket maximums, and copayments for doctor’s office visits and other services. If you enroll in the POS Low Option, you pay lower premiums but your deductibles, out-of-pocket maximums, and copayments for doctor’s office visits and other services are higher. In-network preventive medical care is covered at 100% (with no deductible) under both the POS High and Low Options. **Please Note:** The service must be submitted to the claims administrator as preventive medical care rather than as a diagnostic service in order to qualify for preventive care coverage. Eligible preventive services are subject to certain age and frequency guidelines.

The POS High and Low Options are administered by UnitedHealthcare **except** in the following geographic areas:

In This Geographic Area	2011 Administrator
California, Indiana, Kentucky, Louisiana, Michigan, Western New York, West Virginia	Anthem
Arizona, Delaware, Maryland, Pennsylvania, Texas, Washington D.C.	Aetna

**The Anthem POS High or Low Option may be referred to as a PPO.*

THE EXCLUSIVE PROVIDER ORGANIZATION (EPO)/HEALTH MAINTENANCE ORGANIZATION (HMO) OPTION

With EPOs and HMOs, most in-network services are fully paid after a copayment; out-of-network services are generally not covered, and there are no claim forms to file. However, there is one major difference between EPOs and HMOs: Under an HMO, prescription drug coverage is provided through the HMO; under an EPO, prescription drug coverage is provided through the JPMorgan Chase Prescription Drug Plan, administered by Caremark. Please see page 9 for more information on the Prescription Drug Plan.

The EPO/HMO Option available to you depends on where you live. When you participate in an EPO/HMO, you receive all your care from the EPO/HMO’s network of providers, hospitals, and laboratories. EPO/HMOs do not pay for treatment by non-EPO/HMO providers, except in an emergency. In addition:

- There are no claim forms to file. Generally, all eligible expenses are covered at 100% after you make a copayment and satisfy the annual deductible. **Please Note:** Preventive medical care is generally covered at 100% with no deductible (except for certain HMOs). The service must be submitted as preventive medical care rather than as a diagnostic service in order to qualify for preventive care coverage. Eligible preventive service are subject to certain age and frequency guidelines.
- If you receive care outside the network, you’re responsible for all charges (except in an emergency).

Generally, your care within a EPO/HMO network is coordinated through PCP. If your plan requires one, you must go through your PCP when you need medical care or a referral to a specialist. Check with your option administrator to determine if a PCP is required. Specific information on the EPO/HMOs available to you will be communicated during your designated enrollment period.

CONSUMER DRIVEN HEALTH OPTION PLUS A TAX-DEFERRED HEALTH SAVINGS ACCOUNT

The Consumer Driven Health Option, administered by Aetna, is like the POS Option in that it offers medical and prescription drug coverage with both in-network and out-of-network benefits. You'll need to satisfy an annual deductible before the option begins to pay medical or prescription drug benefits (\$1,500 employee only/ \$2,000 if you cover any family members). It is important to note that preventive medical care will be covered at 100% even if the annual deductible isn't satisfied. Eligible preventive services are subject to age and frequency guidelines.

This option only offers employee and family levels for annual deductibles and annual out-of-pocket maximums. This means that, if you cover any dependents, you will have to meet the entire family deductible before the plan begins sharing a portion of your eligible expenses through coinsurance.

The Health Savings Account is a feature of the Consumer Driven Health Option that can help you save and pay for your out-of-pocket medical expenses—now or in the future. Contributions are made on a before-tax basis through payroll deductions or direct contributions. The maximum contribution for 2011 is \$3,050 for employee-only coverage and \$6,150 if you cover any dependents. These amounts are indexed on an annual basis. Covered participants between the ages of 55 and 65 (or who will reach age 55 on or before December 31, 2011) are also eligible to make additional “catch-up” contributions of up to \$1,000 each for 2010. (However, catch-up contributions for a spouse cannot be made through payroll deductions.) The balance in your account will roll over from year to year and can earn interest. Any interest earned is based on investment experience. The Health Savings Account is also portable, meaning you can keep your account even if you leave JPMorgan Chase for any reason. Distributions for qualified medical expenses are tax-free. **Please Note:** You are eligible to contribute to both the Health Savings Account and the Health Care Spending Account. However, you can only use your contributions to the Health Care Spending Account for reimbursement of dental and vision expenses.

Certain Individuals Are Not Eligible for the Health Savings Account

Federal regulations limit eligibility for the Health Savings Account. To be eligible for the Health Savings Account, active employees must **not** be:

- Covered by another group health plan (e.g., a spouse's employer coverage);
- Enrolled in Medicare;
- Claimed as a dependent on another person's federal income tax return; or
- Age 65 or older.

Providers Leaving Networks

The list of providers for any given health care network can change during the course of the plan year, so you should check with your doctor to verify that he or she plans to continue participation in the Medical Plan option you choose. If your health care provider does leave your network, it does not qualify under federal law as an event that allows you to change coverage during the year.

High Performance Designation

Many of our Medical Plan options designate a select number of their participating providers as “high performance.” These are physicians who have proven expertise in providing high-quality, cost-effective care. Utilizing these providers can result in lower costs, better outcomes, or both. Visit your Medical Plan option administrator's web site for more information and consider utilizing a high performance provider when you need services.

Get the Best Care and Save Money at “Centers of Excellence” for Organ Transplants and Bariatric Surgery

Organ transplants and bariatric surgery are complex procedures that require quality care. As a result, each Medical Plan option has in-network hospitals that have been designated as Centers of Excellence because of the high-quality care they consistently provide. To encourage use of such facilities, your hospital admission copayment will be waived if you choose a Center of Excellence, as defined by your Medical Plan option, for these procedures. In addition, if you use a Center of Excellence as designated by your health plan for an organ transplant, your in-network deductible or any coinsurance (e.g., 10%) will be waived and travel and lodging benefits will be provided. To locate a Center of Excellence, visit the web site of the Medical Plan option in which you are enrolled or contact the Member Services number on your health plan ID card. **(Please Note:** This does not apply to the HMO Option or the CDHO.)

PRESCRIPTION DRUG COVERAGE

If you elect coverage under the POS High or Low Option or the EPO Option, your prescription drug coverage is provided through the JPMorgan Chase Prescription Drug Plan, administered by Caremark. You will receive two separate ID cards (one for medical services and one for your JPMorgan Chase Prescription Drug coverage). This coverage gives you the option of having prescriptions filled through a convenient mail-order program or at a CVS pharmacy. **(Please Note:** If you elect Medical Plan coverage under either the HMO or Consumer Driven Health Option, your prescription drug coverage is provided through your option administrator, and you will receive only one ID Card for medical services and prescription drug benefits.)

Prescription Drug Coverage at a Glance

	Point-of-Service (POS) High and Low and Exclusive Provider Organization (EPO) Options	Health Maintenance Organization (HMO) Option	Consumer Driven Health Option (CDHO)
Retail (up to a 30-day supply) ¹ Annual Deductible Generic Preferred Brand Non-Preferred Brand	You Pay... \$50 per employee only/\$100 employee plus one adult, employee plus child(ren)/\$150 family \$10 maximum copayment ² 30% coinsurance to \$100 max ² 45% coinsurance to \$150 max ²	Each HMO Option offers its own prescription drug coverage. For information about the prescription drug coverage under a specific HMO Option please refer to the Health Plan Comparison Charts on the Benefits Web Center.	Retail (up to a 30-day supply) 80% in-network 60% out-of-network
Mail Order Up to a 90-day supply ¹ Annual Deductible Generic Preferred Brand Non-Preferred Brand	You Pay... None \$20 maximum copayment ² 30% coinsurance to \$250 max ² 45% coinsurance to \$375 max ²		Mail Order (up to a 90-day supply) 80% in-network; No mail-order coverage out-of-network Amounts for both retail and mail order show the percent of eligible prescription drug expenses covered by the CDHO after you satisfy the combined prescription/medical annual deductible (see page 6.)
Annual Out-of-Pocket Maximum³	\$2,000 employee only/ \$4,000 employee plus one adult/ employee plus child(ren)/\$6,000 family		Out-of-pocket maximum applies to all charges, including Medical

¹Long-term medications: Limit of two 30-day fills before 90-day mail order required. The 90-day supply may also be obtained through a CVS pharmacy.

²Maximum amounts shown are per prescription. If the cost of a generic drug is less than the copayment, you pay the lower amount.

³Annual out-of-pocket maximum includes copayments and coinsurance for covered drugs but does not include the annual retail deductible or costs for non-covered drugs. Also, it is not combined with JPMorgan Chase Medical Plan out-of-pocket costs/limits.

Fill Long-Term Prescription Drugs Through Caremark's Mail Order Program

If you elect coverage in the JPMorgan Chase Medical Plan's POS High or Low Option or the EPO Option, your prescription drug coverage is provided through the Prescription Drug Plan, administered by Caremark. One of the best features of the plan is the discount available for long-term prescriptions purchased in bulk by Caremark and fulfilled through the Mail Order Pharmacy Program. This program saves both you and JPMorgan Chase money.

Long-term (or maintenance) medications are taken or prescribed on a regular, recurring basis. Examples of these medications include those for high blood pressure and those meant for lowering cholesterol.

If you are taking a long-term medication, you must receive your 90-day supply by mail through Caremark's Mail Order Program. (Alternatively, you have the option of picking up your 90-day supply at a CVS pharmacy, where the same discounts are available. The annual deductible applicable to retail prescriptions does not apply to long-term prescription medications filled at a CVS pharmacy.)

ELIGIBLE DEPENDENTS

In addition to employee coverage, your dependents are also generally eligible for coverage under the JPMorgan Chase Medical Plan. Eligible dependents generally include:

- Your spouse* *or* domestic partner,
- You and/or your spouse/domestic partner's children up to the end of the month in which they reach age 26.

Please Note: You may continue coverage beyond age 26 for an unmarried child who is not capable of supporting himself or herself due to a mental or physical disability that began before the age limits described above and who is fully dependent on you for financial support.

For purposes of administration of JPMorgan Chase's benefit plans, the term "spouse" refers to any person to whom you are legally married as recognized by U.S. federal law. Even if you are legally married under state law (e.g., in Massachusetts and California), or non-U.S. law (e.g., Canada, Spain, etc.) to a person of the same sex, your same sex spouse is considered to be your "domestic partner" for purposes of the administration of the JPMorgan Chase benefits plans, including the federal tax consequences for covering your domestic partner under your benefits (i.e., imputed income) and the benefits that may not be available to that person (e.g., the Health Care Spending Account). For more information regarding domestic partner coverage and the various federal and state tax consequences, please refer to the **Domestic Partner Coverage Guide on HR & Personal > Benefits.*

You are responsible for understanding the dependent eligibility rules and abiding by them. When you first enroll and each year during your designated enrollment period, or within 31 days following a qualified status change, it is important that you review both the dependent eligibility rules and the status of your covered dependents to ensure that you cover only eligible dependents.

JPMorgan Chase conducts dependent eligibility audits on an annual basis. Such audits help ensure that dependents who have been certified for coverage during the enrollment process continue to meet plan rules for eligibility. As a result, you may be asked to provide documentation of eligibility for your covered dependents at any time (e.g. birth certificate or marriage certificate, etc.). Failure to either respond to a request for documentation or provide adequate proof of eligibility may result in termination of dependent coverage, repayment of the cost of that coverage, and/or disciplinary action up to and including termination of employment. For a listing of acceptable documentation, please see the **Dependent Eligibility Requirements on HR & Personal > Benefits**.

COVERAGE CATEGORIES

The JPMorgan Chase Medical Plan offers four coverage categories to help match your coverage needs:

- Employee Only
- Employee Plus One Adult (spouse or domestic partner)
- Employee Plus Child(ren)
- Employee Plus Family (spouse or domestic partner plus Child[ren])

DOMESTIC PARTNERS

You and your domestic partner must:

- Be age 18 or older;
- Have lived together for at least six months and have a serious, committed relationship;
- Be financially interdependent;
- Not be related to each other in a way that would prohibit legal marriage; and
- Not be legally married to, or the domestic partner of, anyone else;

OR

- Have registered as domestic partners pursuant to a domestic partnership ordinance or law of a state or local government, or under the laws of a foreign jurisdiction.

Important Note: The Health Savings Account component of the Consumer Driven Health Option and/or the Health Care Spending Account does not apply to domestic partners, unless you can claim him or her as a dependent on your federal tax return.

*You may wish to contact a personal financial planner and/or tax advisor regarding the tax treatment of coverages related to your domestic partner and/or your domestic partner's children. For additional information on covering domestic partners, please review the **Domestic Partner Coverage Guide on HR & Personal > Benefits**, contact each plan option directly, or contact the Benefits Call Center.*

COST FOR COVERAGE

You and JPMorgan Chase share the cost of coverage under the Medical Plan. Your contributions are deducted from your pay on a before-tax basis—before federal (and, in most cases, state and local) income taxes are withheld. The amount you pay depends on the level of your “total annual cash compensation” (excluding overtime), the medical option you choose, where you live, the number and type of eligible dependents you cover, and your and/or your covered dependents’ smoker status. You will have a higher cost for coverage if your “total annual cash compensation” is higher, you cover more dependents under your Medical Option, and/or costs in your geographic area are higher than average.

The following chart shows the “total annual cash compensation” levels currently used to determine employee before-tax contributions under the Medical Plan. (Specific contribution rates for each of your available Medical Plan options will be communicated during your designated enrollment period.) Please see page 25 for the definition of “total annual cash compensation.”

Total Annual Cash Compensation Levels Used to Determine Medical Plan Contributions

Level	Total Annual Cash Compensation (excluding overtime)	Employee Pays
1	Up to \$39,999.99	Least
2	\$40,000 – \$79,999.99	
3	\$80,000 – \$149,999.99	
4	\$150,000 – \$249,999.99	
5	\$250,000 – \$349,999.99	
6	\$350,000 and above	

CONTRIBUTION COSTS FOR EACH COVERED FAMILY MEMBER

To more accurately reflect the true cost of coverage and to fairly distribute that cost among employees, you will pay for each family member that you cover under a JPMorgan Chase Medical Plan option, including each child. You will be charged for a maximum of four children even if you cover more than that under your plan. (You can cover all of your children, as long as they meet eligibility requirements. You will only pay the per-child costs for the first four children you choose to cover.) This itemized pricing will not only help you evaluate the cost of each family member’s coverage, but will also give you information to more accurately compare your Medical Plan options and costs. Contributions will also vary based on your pay, geographical location, option you select, and your and your covered family members’ smoker status.

Here’s how it works:

Example 1*—Jack wants to cover himself, his wife, and their three children. He will pay one price for himself, one price for his wife, and one price for each of his three children. When combined, this will equal his total contribution for medical coverage.

Jack’s employee-only rate + wife’s rate + (per child rate x 3) = Jack’s total monthly contribution for medical coverage [\$90 + \$172 + (\$54 x 3)] = \$424

Example 2*—Barbara wants to cover herself, her husband, and their five children. She will pay one price for herself, one price for her husband, and one price for each of the four of her children. She will not pay an additional per-child price for her fifth child because per-child costs apply only up to four children, even though she will have coverage for her five children.

Barbara’s employee-only rate + husband’s rate + (per child rate x 4) = Barbara’s total monthly contribution for medical coverage [\$90 + \$172 + (\$54 x 4)] = \$478

**These examples are for illustrative purposes only. Your actual rates could be different from those represented here.*

Smoker and Non-Smoker Rates for Certain Benefits Coverage

Eligible employees and their covered dependents *who don't smoke* pay less for coverage under the following Health Care and Insurance Plans than those who smoke:

- Medical Plan (employee, adult, and child coverage);
- Long-Term Disability Plan (employee coverage); and
- Supplemental Term Life Insurance Plan (employee and adult coverage).

Under the JPMorgan Chase U.S. Benefits Program, a “smoker” for a plan year is any person who has smoked any type of tobacco products (i.e., cigarettes, cigars, or a pipe) regardless of the frequency or location (this includes daily, occasionally, socially, at home only, etc.) in the 12 months preceding any January 1 of the plan year. This definition does not pertain to users of tobacco products that are not smoked, such as chewing tobacco or snuff.

When you enroll as a newly eligible employee or during a subsequent annual enrollment period, you will declare a non-smoker/smoker status for yourself and each applicable dependent that you elect to enroll. The status you report will remain in effect for the calendar year. After you (and/or your covered dependents) have been smoke-free for 12 months (as of January 1 each year) or completed a pre-approved smoking cessation course and certified attendance by the applicable deadline (as part of the annual enrollment process), you'll be eligible for lower non-smoker rates beginning January 1 of the following year.

If you are hired before October 1, you will be assigned non-smoker rates for the current calendar year.

If you are hired on or after October 1, for the current plan year and the following plan year you will be assigned non-smoker rates for your and your dependents' coverage for certain benefits even if you declare yourself a smoker, because you may not have had an opportunity to complete a smoking cessation program in order to qualify for the lower non-smoker rates. You'll receive more information regarding the opportunity to update your smoker status during the annual benefits enrollment period. More information on smoking cessation programs and requirements is available on **HR & Personal > Wellness**.

Dental Plan

JPMorgan Chase offers several different dental options based on where you live. All options provide coverage for preventive care, basic and major restorative care, as well as orthodontia services for dependent children (up to age 19). Here's a brief overview of each Dental Plan option:

DENTAL OPTIONS AT A GLANCE

Provision	Preferred Dentist Program (PDP) Option		Dental Maintenance Organization (DMO) Option—Aetna	Dental Health Maintenance Organization (DHMO) Option—CIGNA	Traditional Indemnity Dental Option
	In-Network	Out-of-Network			
Annual deductible					
- Preventive	None	None	None	None	None
- Restorative (basic and major)	\$25 individual, \$75 family	\$75 individual, \$225 family	None	None	\$75 individual, \$225 family
- Orthodontia	\$50 individual (lifetime)	\$150 individual (lifetime)	None	None	\$150 individual (lifetime)
Preventive (exams, cleanings, x-rays, sealants) (no deductible)	100% coverage	70% coverage	100% coverage	100% coverage* with \$0 copayment	90% coverage
Basic restorative (fillings, extractions, root canal, periodontal, oral surgery, anesthesia)	80% coverage after deductible	60% coverage after deductible	80% coverage	Approximately 80% coverage* with copayments ranging from \$0 to \$250	75% coverage after deductible
Major restorative (dentures, bridges, inlays, onlays, crowns)	60% coverage after deductible	50% coverage after deductible	60% coverage	Approximately 60% coverage* with copayments ranging from \$15 to \$325	50% coverage after deductible
Orthodontia					
- Child (up to age 19)	50% coverage after deductible	50% coverage after deductible	50% coverage	\$2,400 copayment	50% coverage after deductible
- Adult	None	None	50% coverage	\$2,900 copayment	None
Maximum benefits					
- Combined annual for preventive and restorative	Maximum \$1,500**	Maximum \$1,500**	No maximum	No maximum	Maximum \$1,500
- Lifetime for orthodontia	Maximum \$2,500**	Maximum \$2,000**	Limited to one course of treatment per lifetime	24 months of interceptive and/or comprehensive treatment (cases beyond 24 months or atypical cases require additional payment by the patient)	Maximum \$2,000

All in-network percentages above apply to dentists' negotiated fees. All other percentages generally apply to reasonable and customary charges. Frequency limits may apply to certain services.

*The CIGNA DHMO Option is based on a copayment structure per procedure. This coinsurance percentage reflects an approximation of copayments; the actual copayment will vary. More information will be available to you at the time of your benefits enrollment period.

**Combined in- and out-of-network.

PREFERRED DENTIST PROGRAM OPTION

The Preferred Dentist Program (PDP) Option, administered by MetLife, offers you the flexibility to choose between in-network and out-of-network dental care. Under this option, networks of participating dental providers offer their services for lower, prenegotiated rates. Here's how it works:

- When you need care, you can choose to visit a network provider or go out of network.
- In general, when you obtain care from an in-network dentist, your out-of-pocket costs will be lower; when you receive out-of-network care, your out-of-pocket costs will be higher.
- Once you pay a deductible, you and the company share the reasonable and customary costs for covered expenses, subject to plan maximums. No deductibles apply to in-network or out-of-network preventive services.

DENTAL MAINTENANCE ORGANIZATION/DENTAL HEALTH MAINTENANCE ORGANIZATION OPTION

When you enroll in the Dental Maintenance Organization (DMO)/Dental Health Maintenance Organization (DHMO) Option, administered by Aetna and CIGNA, respectively:

- You receive care solely from dentists who are associated with the DMO/DHMO network.
- All of your care within the network is coordinated through a primary dentist. You must go through your primary dentist to receive benefits from the plan and for specialist referrals.
- In most cases, there are no deductibles.

TRADITIONAL INDEMNITY DENTAL OPTION

The Traditional Indemnity Option, administered by MetLife, allows you to visit any dentist and receive care. This option also contains a preferred dentist feature, reducing your overall costs when you use a network dentist because you will be charged lower, negotiated fees. Generally, the total cost of care under this option is higher than under the other options, so the amount you pay for coverage will be higher. If you enroll in the Traditional Indemnity Dental Option, you pay a deductible and then you and the company share the reasonable and customary costs for covered expenses, subject to plan maximums.

ELIGIBLE DEPENDENTS

You can cover the same eligible dependents under the Dental Plan as under the JPMorgan Chase Medical Plan (please see page 10).

COST FOR COVERAGE

You and JPMorgan Chase share the cost of coverage under the Dental Plan. Your contributions are deducted from your pay on a before-tax basis. The amount you pay depends on the option you choose and the number and type of eligible dependents you cover.

Providers Leaving Networks

When considering your options under the Dental Plan, please remember that if your dentist leaves a network, it does not qualify as an event that allows you to change coverage during the year. Please check with your provider to ensure that he or she plans to continue participation in the option of your choice.

Vision Plan

The JPMorgan Chase Vision Plan, administered by EyeMed, helps you pay for covered vision expenses like eye examinations, lenses (including contact lenses), and eyeglass frames. When you seek care from a vision care professional within the plan's network, you will generally have a small copayment. If you choose to seek care outside the network, you will be reimbursed up to a specified dollar limit. EyeMed offers vision care coverage through 45,000 vision care providers nationwide at 21,000 locations, including retail chains such as LensCrafters®, Pearle Vision®, Target Optical®, JCPenney Optical®, and Sears Optical®.

Please Note: You cannot be reimbursed for both contact lenses and eyeglass lenses within the same plan year.

Vision Plan at a Glance

Annual Provision	In-Network Allowance	Out-of-Network Allowance
Deductible	None	None
Exams*	100% after \$10 copayment	Generally reimbursed up to \$35
Single vision lenses*	100% after \$10 copayment	Generally reimbursed up to \$25
Bifocal*	100% after \$10 copayment	Generally reimbursed up to \$40
Trifocal*	100% after \$10 copayment	Generally reimbursed up to \$55
Frames*	\$130 allowance plus 20% off amount over the allowance	Generally reimbursed up to \$45
Contact Lenses*		
• Medically Necessary	100%	Reimbursed up to \$210
• Conventional	\$120 allowance plus 15% off amount over the allowance	Reimbursed up to \$120
• Disposable	\$120 allowance	Reimbursed up to \$120
Laser vision correction		
• LASIK or PRK	15% off retail price or 5% off promotional price; whichever is lower	Not covered

*Limited to once per calendar year per covered individual.

ELIGIBLE DEPENDENTS

You can cover the same eligible dependents under the Vision Plan as under the JPMorgan Chase Medical Plan (please see page 10).

COST FOR COVERAGE

Your contributions for Vision Plan coverage are deducted from your pay on a before-tax basis. Your cost for coverage depends on the number and type of dependents you cover.

Spending Accounts

Spending accounts allow you to set aside before-tax money to pay for eligible health care, dependent care, and transportation expenses. JPMorgan Chase offers three spending accounts—the Health Care Spending Account, the Child/Elder Care Spending Account, and the Transportation Spending Accounts (Mass Transit/Parking).

HEALTH CARE SPENDING ACCOUNT

You can generally contribute up to \$8,000 a year on a before-tax basis to pay for eligible out-of-pocket health care expenses. You may use your Health Care Spending Account for eligible expenses such as:

- Medical, prescription drug, dental deductibles, and coinsurance;
- Costs for non-covered prescription drugs, such as non-sedating antihistamines;
- Eyeglasses and contact lenses (for amounts not covered under any Vision Plan you may be enrolled in); and
- Routine office visit copayments, coinsurance amounts, deductibles, orthodontia, and other eligible expenses that may not be covered by any medical or dental plan.

Certain expenses, such as those for cosmetic surgery or health care premiums, are not reimbursable under the Health Care Spending Account.

Please Note: If you elect to participate in both the Health Care Spending Account and the Health Savings Account feature of the Consumer Driven Health Option under the Medical Plan, your Health Care Spending Account will be limited to dental and vision expenses only.

Health Care Spending Account Reimbursement Choices

If you enroll in the Health Care Spending Account and participate in the POS High or Low Options under the Medical Plan, the PDP Option, or Traditional Indemnity Dental Option, you have a choice in the way you will be reimbursed from your spending account for medical, dental, or prescription drug out-of-pocket expenses. You can be reimbursed either through a Health Care Spending Account card or through the automatic claim reimbursement feature. If you participate in the Health Care Spending Account with any Medical or Dental Plan option other than those listed above, you only have the Health Care Spending Account card option available to you. You cannot use the Health Care Spending Account card option with the automatic claim reimbursement feature, or vice versa.

Please Note: Your election can only be changed during your annual enrollment period. If you do not indicate a preference, you will be assigned the Health Care Spending Account card reimbursement option.

- **Health Care Spending Account Card:** The Health Care Spending Account card works like a debit card in that it lets you electronically access your account to pay for eligible health care expenses that you incur at locations where the card is accepted. The card can be used at the point of sale (for example, when you're filling a prescription). You will always have the option to submit paper claims for reimbursement if you do not wish to use the Health Care Spending Account card or if your provider does not accept the card. You will receive one card per family, but may request additional cards from the plan administrator, ADP.

Please Note: The Internal Revenue Service (IRS) regulations allow spending account cards to be used only at qualified health care providers who offer eligible services and products and comply with IRS approval system requirements. In addition, cards may only be used at pharmacies and retail locations (grocery, discount, and chain drug stores, etc.) that are participating in the IRS Inventory Information Approval Systems. In some cases, you may be required to substantiate your Health Care Spending Account card purchases, so please retain your receipt for three years. In most cases, you will not be required to substantiate your purchase if you participate in the POS High or Low or EPO Options under the Medical Plan and use your card to pay for prescriptions through the JPMorgan Chase Prescription Drug Plan. In addition, if your Medical or Dental Option has fixed copayments, you may not be required to substantiate these expenses.

- **Automatic Claim Reimbursement Feature:** With the automatic claim reimbursement feature, most eligible expenses you incur will automatically be submitted to your Health Care Spending Account for reimbursement after payment from your Medical/Dental Plan (under the POS High or Low Options, the PDP Option, and Traditional Indemnity Dental Option). You won't have to submit claim forms for these expenses. You will have to submit paper claims for plans that do not participate in the automatic claim reimbursement feature, such as vision care expenses, or eligible health care expenses under an EPO/HMO or spouse's plan. For example, when you go to the doctor, once your claim is processed by the medical claims administrator, the remaining amount (i.e., office visit copayment) will be sent to your Health Care Spending Account administrator, ADP, and eligible expenses will automatically be reimbursed to you.

(continued)

Important Details About Participation in the Health Care Spending Account

- **Don't Lose Out:** If you elect to participate in the Health Care Spending Account, any balance remaining in your account at the end of the plan year (December 31) may be used for reimbursement of eligible expenses incurred during the first two and a half months of the following year (until March 15) as long as you were still enrolled at the end of the plan year. After the "grace period" (January 1 through March 15 of the following year), you will lose any remaining balance in your account. You have until April 30 to submit eligible claims for reimbursement.
- **Eligible Tax Dependents:** You can pay expenses from your Health Care Spending Account for eligible tax dependents only, including your spouse, a tax-qualified domestic partner, parents, and your dependent children, including the children of your domestic partner if they are your tax dependents.
- **Coordinating With Your Spouse:** If your spouse has a Health Care Spending Account at JPMorgan Chase or at another employer, by law you cannot claim reimbursement for any expense your spouse has claimed.

CHILD/ELDER CARE SPENDING ACCOUNT

You can generally contribute up to \$5,000 a year on a before-tax basis to pay for eligible out-of-pocket expenses to provide care during working hours for eligible dependents. Eligible expenses are those that provide care so that you and your spouse (if you are married) can work outside the home, or so your spouse can attend school full time. You must provide the Social Security number or tax identification number of the care provider when filing for reimbursements. You may use your Child/Elder Care Spending Account for eligible expenses including:

- Child care expenses for dependent children under age 13, and
- Adult care expenses for your dependent spouse or parents who are your tax dependents.

The JPMorgan Chase Child/Elder Care Spending Account covers eligible expenses only up to the balance credited to your account through payroll deductions at the time you request reimbursement. As your contributions are deducted from your pay throughout the year, you'll automatically be reimbursed for any outstanding expenses you've submitted, up to the year-to-date amount already contributed (minus any previous reimbursements). Your account will only cover expenses for services that have actually been incurred, not for future expected services.

Please Note: Internal Revenue Service (IRS) rules impose limits on contributions to the Child/Elder Care Spending Account in certain situations that involve highly compensated employees to help ensure that the plan doesn't unfairly favor these employees. As a result, it may be necessary to reduce contributions for some participants under these rules. You'll be notified if you're affected. For 2010, the contribution limit was \$2,700. You will be notified if you are affected by the limits for 2011.

Important Details About Participation in the Child/Elder Care Spending Account

- **Don't Lose Out:** If you elect to participate in the Child/Elder Care Spending Account, you will lose any balance remaining in your account at the end of the plan year (December 31). You have until April 30 to submit eligible claims for reimbursement.
- **Eligible Tax Dependents:** You can pay expenses from your Child/Elder Care Spending Account for eligible tax dependents only, including your spouse, a tax-qualified domestic partner, and your dependent children, including the children of your domestic partner if they are your tax dependents.
- **Coordinating With Your Spouse:** If your spouse's employer offers a similar Child/Elder Care Spending Account, the most you and your spouse can be reimbursed during a tax year is \$5,000 on a combined basis. If you are married, but file separate income tax returns, your maximum contribution amount is \$2,500 a year.
- **Federal Income Tax Credit:** The Internal Revenue Code prevents you from taking the federal dependent care tax credit on your personal income tax form for expenses reimbursed through your Child/Elder Care Spending Account. You may wish to consult with your personal financial advisor to determine which is better given your personal financial situation.

TRANSPORTATION SPENDING ACCOUNTS

Under the JPMorgan Chase Transportation Spending Accounts, you pay for eligible commuter and/or parking expenses through before-tax payroll deductions up to the legal limits. You may contribute before-tax dollars to two different accounts—the Transit Account and/or the Parking Account. For 2011, you can set aside on a before-tax basis up to \$120 per month for mass transit and \$230 for eligible parking expenses if you drive directly to work or to a location from which you commute to work (i.e., a park and ride). After-tax contributions are applicable to commuting and/or parking expenses that exceed before-tax monthly limits.

Important Details About Participation in the Transportation Spending Accounts

- **How Transit Expenses are Paid:** If you participate in the Transit Account, you simply order your commuter passes, tickets, or vouchers through WageWorks, Inc., the plan administrator. You will be asked to specify whether your elections should carry over month to month, or if you'd prefer to initiate a new election each month. Your commuter passes, tickets, or vouchers are then sent to your home address by the first of the month.

If your commuter pattern varies, the Transit Account also offers the convenience of a Commuter Card for your transit expenses. This card can be used to purchase a pass and is available to participants in a location where the associated transit agency (i.e., MetroCard, NJTransit Rail, etc.) accepts a debit card and/or credit card.

- **How Parking Expenses are Paid:** If you participate in the Parking Account, you must indicate how much you pay for parking, and that amount will be paid to the parking lot directly for you. You can change or cancel your participation on a monthly basis at any time during the year. If your monthly parking expenses are unpredictable, you can pay for them each month, and then get reimbursed by submitting a claim.
- **When You Can Enroll:** You may enroll for participation in the Transportation Spending Accounts on a monthly basis at any time during the year. You must make your elections, changes, or cancellations by the first day of the month prior to the month in which expenses will be incurred. For example, if you make your enrollment elections between June 2 and July 1, your payroll deductions will begin in July for the expenses you will incur in August. For more information about the enrollment timing and payroll deductions, please refer to the **Transportation Spending Account Bulletin on HR & Personal > Benefits**.
- **Unused Before-Tax Dollars:** The Transportation Spending Accounts are subject to different rules under the Internal Revenue Code than the Health Care Spending Account and the Child/Elder Care Spending Account. So, you may enroll in one or both of the Transportation Spending Accounts at any time and change or stop your contributions on a monthly basis. If your account has a credit, it will be used to offset future payroll deductions.

Long-Term Disability (LTD) Plan

The JPMorgan Chase Disability Leave Policy provides eligible employees with up to 26 weeks of time off (consisting of a one week wait period and up to 25 weeks of full or partial pay, if applicable) if you are ill or injured. If you are out of work for an extended period of time (beyond 26 weeks), coverage is available under the LTD Plan as follows:

- If your total annual cash compensation is less than \$60,000, you will automatically receive LTD coverage of 60% of your total annual cash compensation fully paid by JPMorgan Chase.
- If your total annual cash compensation is \$60,000 or more, you can elect employee-paid LTD coverage of 50% or 60% of your total annual cash compensation. The premiums you pay for coverage will be made on an after-tax basis. As a result, any benefits you receive if you become disabled are tax-free. The maximum monthly LTD benefit is \$20,000 (which generally limits the benefit available to employees earning more than \$400,000 per year).
- Generally, if your total annual cash compensation is more than \$400,000, you can also purchase additional LTD coverage under a fully portable Individual Disability Insurance Policy (administered by Unum) that would provide an additional maximum monthly LTD benefit of up to \$15,000. If this applies to you, you will receive information regarding the Individual Policy separately.
- If you do not enroll in LTD coverage, you will be assigned No Coverage for the 2011 benefit plan year.
- Generally not available to new hires until the annual benefits enrollment period following receipt of first cash bonus. However, if you previously participated in a group long-term disability plan that allowed you to cover cash bonuses, you may be eligible to participate in this option if you meet certain criteria.

Additional Advantages of LTD Coverage

In addition to the income protection provided by the LTD Plan, individuals on LTD will generally be eligible to continue health care benefits at employee rates for the first 24 months after going on approved LTD (i.e., 30 months after the first date of disability). COBRA benefits (for medical, dental, and vision) will be offered when coverage for these health care benefits ends.

Important Details About Participation in the Long-Term Disability (LTD) Insurance Plan

- **Evidence of Insurability (EOI):** If you are provided or enroll for coverage as a newly hired employee, no EOI is required. If you have total annual cash compensation of \$60,000 or more and don't enroll as a new hire or choose to increase coverage, all new coverage will be subject to EOI requirements.
- **Actively-at-Work:** You must be actively-at-work on the date your new coverage takes effect.
- **Non-Smoker and Smoker Rates for Coverage:** Your status as a non-smoker or smoker will affect your contributions under the LTD Plan. For more information on non-smoker and smoker premiums, please see page 12.
- **Pre-Existing Condition Exclusion:** Long-term disability benefits will not be paid if:
 - During the first 12 consecutive months of your coverage you become disabled; **and**
 - You received treatment for that disabling condition during the six months before your most recent coverage effective date. A similar rule applies if you are increasing coverage, except that LTD benefits may be paid at the original (lower) coverage level you had before making your election increase.

Life and Accident Insurance Plans

JPMorgan Chase offers different types of life and accident insurance so you can choose the most appropriate coverage and survivor protection for your personal situation. The company automatically provides you with basic life insurance that pays benefits to your designated beneficiary(ies) if you die and business travel accident insurance if you die or are injured while traveling on business for the company.

COMPANY-PAID LIFE AND ACCIDENT INSURANCE PLANS

JPMorgan Chase automatically provides the following protection at no cost to you:

- **Basic Life Insurance:** The company provides basic life insurance equal to one times your “eligible compensation” (rounded up to the next \$1,000) up to a maximum of \$100,000. In the event of your death as an active employee, benefits are paid to your designated beneficiary.

Additional Benefits of the Basic Life Insurance Plan include:

- **SurvivorSupport[®] Financial Counseling Service:** Provides telephonic financial counseling services to a surviving spouse or key adult survivor for six months after an employee’s death.
- **Identity (ID) Theft Assistance Program:** Provides identity theft protection education and assistance to help guide you through the recovery process if your identity or that of your dependents is compromised.
- **Travel Assistance and Emergency Evacuation Services:** Provides travel assistance and emergency evacuation services for employees and their family members in the event of an unexpected medical emergency when traveling 100 miles or more from home.
- **Funeral Concierge Services:** Provides information and assistance to employees and their immediate family members for funeral-related issues anywhere in the United States.
- **Business Travel Accident Insurance:** The company provides business travel accident insurance equal to six times your annual base salary (minimum of \$50,000 and maximum of \$3 million). This coverage offers financial protection in the event of your accidental death or certain accidental injuries sustained while traveling on business for JPMorgan Chase. In the event of your death as an active employee, benefits are paid to your designated beneficiary.

VOLUNTARY LIFE AND ACCIDENT INSURANCE PLANS

In addition to the company-provided insurance described above, you can elect to purchase supplemental term life and accident insurance for yourself and/or your eligible dependents. You may have to provide evidence of insurability (EOI) before certain levels of life insurance become effective. Your choices for voluntary life and accident insurance include:

- **Employee Supplemental Term Life Insurance:** You can purchase supplemental term life insurance up to 10 times your “eligible compensation” (in \$10,000 increments) to a maximum of \$3 million.
- **Dependent Supplemental Term Life Insurance:** You can also purchase supplemental term life insurance for your eligible dependents. You can buy coverage for your spouse/domestic partner from \$10,000 to \$300,000 (in \$10,000 increments). In addition, you can buy \$5,000 or \$10,000 in coverage for each dependent child. **Please Note:** To purchase supplemental term life insurance for your dependent child(ren), you must elect coverage for you and/or your spouse/domestic partner.
- **Employee Accidental Death and Dismemberment (AD&D) Insurance:** You can purchase AD&D insurance for financial protection in case of accidental death or certain accidental injuries. Coverage is available up to 10 times your eligible compensation (in \$10,000 increments) to a maximum of \$3 million. **Please Note:** Reduced coverage amounts apply to employees age 75 and older.
- **Dependent Accidental Death and Dismemberment (AD&D) Insurance:** You can purchase AD&D insurance for your eligible dependents. Coverage is available for your spouse/domestic partner to a maximum of \$600,000 (in \$10,000 increments). **Please Note:** Reduced coverage amounts apply to dependents age 75 and older. In addition, you can buy coverage for a child from \$10,000 to \$100,000 (in \$10,000 increments). To purchase AD&D insurance for your dependent child(ren), you must elect either employee coverage and/or spouse/domestic partner coverage.

If you leave JPMorgan Chase, generally employee and dependent supplemental term life and AD&D insurance coverage is portable—meaning you can continue coverage through a direct billing arrangement with the insurance carrier at a higher rate.

Important Details About Participation in the Life and Accident Insurance Plans

- **Evidence of Insurability (EOI):** If you enroll in employee supplemental term life insurance when you are newly hired, you are allowed to enroll for an amount up to the lesser of three times “eligible compensation” or up to \$500,000. You can initially enroll a spouse/domestic partner for an amount up to \$50,000 without having to submit EOI. Elected amounts above these guaranteed issue amounts will be subject to EOI. If you do not enroll as a new hire or if you subsequently increase coverage at a later date, all new coverage will be subject to EOI requirements at the time you make the new election.
- **Non-Smoker and Smoker Rates for Coverage:** You pay for supplemental term life insurance and AD&D insurance on an after-tax basis. In addition, as explained on page 12, if you and/or your covered adult dependent enroll as a non-smoker or complete an approved smoking cessation course, you will pay lower, non-smoker rates for any supplemental term life insurance you elect. For more information on non-smoker and smoker rates under the Supplemental Term Life Insurance Plan, please see page 12.
- **Actively-at-Work:** You must be actively-at-work on the date your new or newly approved coverage takes effect.

Long-Term Care Insurance Plan

The Long-Term Care Insurance Plan helps pay for eligible expenses related to care you need when you can't perform certain basic activities of daily living (such as bathing, dressing, and eating), or if you're cognitively impaired. Care can be provided in your home, a nursing home, or an adult day care facility. Plan highlights include:

- **Broad Coverage Eligibility:** You can purchase long-term care coverage for you, your spouse/domestic partner, your parents and grandparents, and your spouse's/domestic partner's parents and grandparents.
- **Comprehensive Options:** You can choose from five daily maximum benefit amounts: \$100, \$150, \$200, \$250, or \$300 per day.
- **Nonforfeiture Protection:** The plan offers an optional feature called nonforfeiture protection, which may allow you to continue to be insured for a reduced level of benefits if you stop payments after three or more years. When you first enroll for long-term care coverage, you are allowed to choose (or waive) nonforfeiture protection.

The plan will pay benefits for covered charges incurred after a 60-day qualification period. The lifetime maximum benefit is an amount equal to five times the daily benefit amount. You pay for coverage on an after-tax basis. If you enroll for coverage after 90 days following your eligibility date or you drop coverage and later re-enroll, you may have to provide evidence of insurability.

Important Detail About Participation in the Long-Term Care Insurance Plan

Evidence of Insurability (EOI): If you enroll for coverage as a newly hired employee within 90 days of your eligibility date, no evidence of insurability is required for you. If you do not enroll as a new hire or if you increase coverage at a later date, any new coverage will be subject to EOI requirements at the time you make the new election. Coverage for anyone other than you is always subject to EOI requirements.

Group Personal Excess Liability Insurance Plan

The JPMorgan Chase Group Personal Excess Liability Insurance Plan provides additional liability protection for up to \$10 million in coverage for damages and costs you or a covered family member have to pay beyond the limits of liability provided by your primary auto, homeowners, renters, recreational vehicle, motorcycle, and watercraft insurance policies. Plan highlights include:

- **Coverage Categories:** If you elect to enroll, the plan automatically covers you, your spouse/domestic partner, and all eligible dependent children.
- **Coverage Options and Costs:** You pay for coverage with after-tax dollars. Your cost depends on the coverage level you choose. There is a flat rate for coverage under this plan—your cost is the same regardless of how many dependents you cover. You can choose from coverage of:
 - \$2 million
 - \$5 million
 - \$10 million

Important Details About Participation in the Group Personal Excess Liability Insurance Plan

- **When You Can Enroll:** You may only enroll in this benefit as a new employee or during annual benefits enrollment. You may not enroll due to a qualified status change.
- **Required Primary Underlying Liability Insurance Policies:** There are certain minimum limits you must carry on your combined primary underlying liability insurance policies in order to meet the eligibility requirements for this benefit. Please see **Your Guide to Benefits at JPMorgan Chase on HR & Personal > Benefits**.
- **How It Works:** Coverage under this type of policy is always in excess of any other underlying insurance and is also known as an “umbrella policy.” For example, in the case of a car accident, your primary auto insurance policy would provide the first level of coverage, and the JPMorgan Chase Group Personal Excess Liability Plan would be available once primary limits are exhausted.

Group Legal Services Plan

The JPMorgan Chase Group Legal Services Plan offers you and your family access to an affordable network of attorneys for routine legal services related to personal and family legal issues, such as wills and estate planning, real estate matters, family law, juvenile matters, name changes, consumer protection, property protection, traffic matters, and issues of incompetence, insanity, and infirmity defense. Most services are covered at 100% when you use network attorneys. A reimbursement schedule applies to fees charged by out-of-network attorneys.

If you elect to enroll, the plan automatically covers you, your spouse/domestic partner, and all eligible dependent children. You pay for coverage on an after-tax basis. Your cost is the same regardless of how many dependents you cover under the plan.

Important Details About Participation in the Group Legal Services Plan

- **Pre-Existing Legal Matters:** Any legal matter for which an attorney-client relationship existed prior to you becoming eligible for services under the JPMorgan Chase Group Legal Services Plan will be excluded and no benefits will apply.
- **Network Attorneys:** The JPMorgan Chase Group Legal Services Plan offers access to a network of U.S. attorneys who provide a wide range of legal services. In-network services are available only in the continental United States, U.S. Virgin Islands, Puerto Rico, and Hawaii, and attorneys will only provide services for U.S.-related issues.

About the JPMorgan Chase U.S. Retiree Benefits Program

In addition to the JPMorgan Chase U.S. Benefits Program for active employees, the following benefits plans are available under the JPMorgan Chase Retiree Benefits Program for those eligible to retire from the company:

- Retiree Medical*
- Retiree Dental
- Retiree Vision
- Retiree Life Insurance
- Retiree Long-Term Care Insurance
- Retiree Group Legal Services

**Provided you don't enroll in Medicare Part D.*

Coverage is available on an access-only, non-subsidized basis to those who meet specific eligibility criteria.

Generally, you are eligible to participate in the Retiree Benefits Program if you are at least age 55 and have 15 or more years of "total service" as of the date your employment with the company ends. (Please see page 25 for the definition of "total service.") Additional special criteria apply for individuals affected by a position elimination that qualifies for severance pay and related benefits.

The Retiree Benefits Program may be changed or terminated at any time.



The Retirement Savings Program

Building a financially secure future is a partnership between you and JPMorgan Chase. To help you get *Well On Your Way* to your retirement goals, we offer meaningful retirement benefits—including automatic enrollment in a 401(k) plan with matching contributions, and a company-paid pension plan that grows with service. Learn more about these benefits on the following pages.

401(k) Savings Plan

JPMorgan Chase believes that saving for retirement is important, and the 401(k) Savings Plan offers a tax-effective way for employees to contribute to their retirement savings. That's why new hires are automatically enrolled in the plan 60 days after their hire/eligibility date. Highlights of the plan include:

- **Automatic Enrollment for New Hires.** When you are hired or become eligible for the plan, you will be enrolled at a before-tax contribution rate of 3% of "eligible compensation" 60 days after your hire/eligibility date, with payroll contributions beginning shortly thereafter. Your contributions will also increase automatically by 1% per year up to a total contribution rate of 5%. Contributions will be invested in a Target Date Fund, based on your age and an assumed retirement age of 65. If you want to decline participation ("opt out") or would like to make different elections (e.g., to enroll sooner or at a different contribution rate), you must go to the 401(k) Savings Plan Web Center or contact the Call Center within 60 days of your hire/eligibility date.
- **Before-Tax Contributions.** Contributions you can make before federal income taxes and, in most cases, before state and local income taxes are withheld. Before-tax contributions lower your current taxable income during the year the contributions are made.
- **Roth 401(k) Contributions.** Contributions you can make on an after-tax basis, which means federal, state, and local income taxes, have already been withheld. Roth 401(k) contributions do not lower your current taxable income during the year contributions are made. However, any associated investment earnings can later be withdrawn tax-free, assuming certain criteria are met.
- **Limits on Before-tax and Roth Contributions.** You can contribute a combined amount of up to 50% of "eligible compensation" each pay period on a before-tax and/or Roth 401(k) basis up to the legal limit. For 2011, the legal limit on employee contributions to the plan is \$16,500, and the legal limit on the amount of "eligible compensation" that can be considered is \$245,000.
- **Catch-up Contributions.** In addition to your regular before-tax and Roth 401(k) contributions, if you are at least age 50 or will reach age 50 at any time during the year, you may elect to make "catch-up" contributions up to the legal limit, provided that you contribute 50% of "eligible compensation" or reach the annual legal limit on before-tax and Roth 401(k) contributions. For 2011, the legal limit on catch-up contributions is \$5,500.
- **Matching Contributions:** JPMorgan Chase provides most employees with matching contributions.
 - Dollar-for-dollar on 5% of "eligible compensation" contributed to the plan for participants who have completed one year of "total service" and have "total annual cash compensation" of less than \$250,000. (**Please Note:** The determination of "total annual cash compensation" is made as of each August 1 and applies for the next succeeding calendar year. For the definition of "total annual cash compensation," please see page 25.)
 - Calculated and credited on an annual basis, following the end of the calendar year; you generally must be employed on December 31 of that year to be eligible to receive the matching contribution.
 - Your matching contributions will be invested in the same funds as your future contributions. For many new hires, the employee contributions—and associated matching contributions—will default to a Target Date Fund.
- **Vesting.** You are always 100% vested in (meaning you have a non-forfeitable right to) the value of your employee contributions. If you were hired before May 1, 2009, you are 100% vested in the value of any associated JPMorgan Chase matching contributions, if eligible. If you were hired on or after May 1, 2009, you will become 100% vested in the value of any JPMorgan Chase matching contributions after you have completed three years of "total service."
- **Investment Funds.** The 401(k) Savings Plan offers two distinct ways to invest. These two approaches give you the flexibility to choose how you make your investment decision—and the tools you'll need to build a balanced retirement portfolio.
 - **No Assembly Required:** If you lack the time, interest, or expertise to research, manage, and monitor your investments in the plan, you only need to select one of the nine **Target Date Funds** offered under the plan. Each Target Date Fund corresponds to an expected "target" year—the year that you plan to start withdrawing from your account (generally your retirement date). The funds are already diversified with an asset mix that automatically becomes more conservative over time.
 - **Do It Yourself:** If you want a more hands-on approach, you can create your own diversified investment mix by choosing a combination of the plan's 22 **Core Funds**.

- **Loans and Withdrawals.** You can borrow and, under certain circumstances, make withdrawals from your account.
- **JPMorgan Chase Common Stock Fund Dividend Election.** You can elect to have dividend income reinvested in the JPMorgan Chase Common Stock Fund or have it distributed to you in cash. If you don't make an election, your dividend income will be automatically reinvested on your behalf.
- **Daily Valuations and Transactions.** Your account is valued on a daily basis, and you can conduct most transactions, including transfers/reallocations, on a daily basis.
- **Payment Options.** When you leave JPMorgan Chase, you have several payment options available to you. You can take your vested account balance in a single lump sum, roll it over to an individual retirement account or another qualified plan, or elect to receive installments from the plan.

Retirement Dream Machine

Once you join the 401(k) plan, you'll have access to Dream Machine—a valuable, online retirement planning tool powered by Financial Engines®, which allows you to see how much your individual 401(k) Savings Plan, Retirement Plan (the cash balance pension plan), and Social Security benefits might provide in retirement. You can also see how long that income might last and how your personal financial forecast could be affected by decisions you make today about saving and investing.

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Retirement Plan

Fully paid for by JPMorgan Chase, the Retirement Plan provides you with a foundation for your retirement income. Your participation in the plan is automatic after you complete one year of "total service." (Please see page 25 for a definition of "total service.") Your JPMorgan Chase Retirement Plan benefit is expressed as a cash balance benefit that grows in a notional bookkeeping account over time through pay credits and interest credits, as described below.

- **Pay Credits.** Each month your account will be credited with a percentage of your "eligible compensation," which is capped at \$100,000 annually. The pay credit percentage ranges from 3% to 5% of "eligible compensation" depending on your completed years of "pay credit service" as shown in the chart at right. (Please see page 25 for applicable definitions.)

Completed Years of "Pay Credit Service"	Pay Credit Percentage
1 – 9	3%
10 – 19	4%
20 or more	5%

- **Interest Credits.** Your Retirement Plan account balance also grows by receiving interest credits each month. The rate of the interest credit will be based on a one-year Treasury Bill rate plus 1%—with a minimum interest credit rate of 4.5%.
- **Vesting.** You become 100% vested in (meaning you have the non-forfeitable right to) the value of your Retirement Plan benefit after completing three years of "total service."
- **Payment Options.** When you leave JPMorgan Chase, you have several payment options available to you. You can take your vested account balance in a single lump sum, roll over to an individual retirement account or another qualified plan, or elect to receive an annuity from the plan.

Employee Stock Purchase Plan

You are only eligible to enroll in the plan during each annual benefits enrollment period that occurs in October—mid-year enrollment is not available. **Please Note:** Employees whose "total annual cash compensation" is \$250,000 or more are not eligible to participate in the plan. (For the definition of "total annual cash compensation," please see page 25.)

- **5% Discount and No Broker Fees.** You can purchase JPMorgan Chase common stock each quarter at a 5% discount. Contributions are deducted from your pay on an after-tax basis and invested each quarter. Taxes on the 5% discount are deferred until you sell or transfer the shares, and you don't pay brokerage commissions or fees.
- **Annual Contribution Limits.** You can contribute from a minimum of \$240 per year up to 20% of your "eligible compensation," subject to a legal maximum of \$25,000.
- **Automatic Dividend Reinvestment.** The number of shares you own will grow because dividends on previously purchased shares will be automatically reinvested in JPMorgan Chase common stock—also purchased at a 5% discount.

Additional Employee Programs and Services

As a complement to the benefits plans described in this brochure, JPMorgan Chase offers a variety of additional programs and services to help meet the diverse needs of our employees. Some of the programs that may be available to you include:

- Adoption Assistance
- Career Management
- Child Care
- Disability Leave Policy (Short-Term Disability)
- Discounts to art and cultural programs
- Discount fitness programs and equipment
- Elder Care program
- Emergency Financial Assistance
- Employee checking accounts
- Employee credit cards
- Employee Discount Program
- Employee Networking Groups
- Flexible Work Options
- Lactation Program
- Matching Gifts Program
- Preferential mortgage rates for employees
- Time Off Policies (paid and unpaid)
- Tuition Assistance Program
- Volunteerism and grants
- Work-Life seminars

For more information on these programs and services, please go to HR & Personal.

Important Definitions

Throughout this brochure, there are references to terms such as “eligible compensation,” “pay credit service,” “total annual cash compensation,” and “total service.” These terms are used to determine eligibility for benefits, benefits contributions, and/or coverage levels under certain benefits plans. The definitions below describe these terms.

Definitions

Eligible Compensation:

Generally your annual base salary plus applicable job differential pay (e.g., shift pay). It does not include any annual bonuses, overtime, special recognition, or other incentive awards you might receive. In certain situations, your eligible compensation may include other cash earnings (e.g., commissions, draws, and overrides) paid under certain non-annual incentive plans that provide compensation in lieu of base salary. You will be notified if this applies to you. For most benefits plans, your eligible compensation is updated as changes occur throughout the year.

Pay Credit Service:

Generally the period beginning on your first business day actively at work as an employee of JPMorgan Chase or an affiliate and ending when your employment ends.

Service with a company at the time of its merger generally counts toward pay credit service. However, only service with the company employing you at the time of the merger will generally count. (In other words, if you worked for two companies that later merged, only service with the company employing you on the merger date will be recognized.) Service with a company at the time of its acquisition may or may not count toward pay credit service, depending on the terms of the purchase agreement and the plan.

For a full definition of pay credit service, please see [JPMorgan Chase U.S. Retirement Savings Plan Definitions on HR & Personal > Benefits > Resources > Legally-required notices and other resources.](#)

Total Annual Cash Compensation:

Your annual rate of base salary plus any applicable job differential pay (e.g., shift pay) as of each August 1, plus any cash earnings from any incentive plans (e.g., annual bonuses, commissions, draws, overrides, and special recognition payments or incentives), that are paid to or deferred by you for the previous 12-month period ending each July 31. Overtime is not included. For purposes of determining your eligibility to receive company matching contributions under the 401(k) Savings Plan, the Medical Plan contribution pay tier level that applies to you, Long-Term Disability Plan coverage, and eligibility to participate in the Employee Stock Purchase Plan, your total annual cash compensation is recalculated as of each August 1 to take effect the following January 1 and will remain unchanged throughout the year. For most employees hired on or after August 1, total annual cash compensation will be equal to base salary plus job differentials.

Total Service:

Generally the period beginning on your first business day actively at work as an employee of JPMorgan Chase or an affiliate and ending when your employment ends. This generally includes all periods of employment with JPMorgan Chase or any of the merged companies that have become part of JPMorgan Chase.

Appendix

Special Notice for Employees Who Have Been Reinstated by JPMorgan Chase within 31 Days

If your employment has been reinstated with JPMorgan Chase **within 31 days of your termination date**, your coverage for certain benefits under the JPMorgan Chase Benefits Program may be affected, as highlighted in the following chart.

Medical, Dental, and Vision Plans	You and your dependents will be assigned the same coverage you had prior to your termination date.
Health Savings Account	You and your dependents will be assigned the same coverage you had prior to your termination date.
Health Care Spending Account	Your previously elected annual contribution amount will be reinstated and prorated accordingly for the balance of the plan year.
Child/Elder Care Spending Account	Your previously elected annual contribution amount will be reinstated and prorated accordingly for the balance of the plan year.
Transportation Spending Accounts (Transit/Parking)	There are no reinstatement provisions for these accounts. You will need to make a new enrollment election.
Long-Term Disability (LTD) Insurance Plan	You will be assigned the coverage level you had prior to your termination date. LTD benefits may not be paid, if during the first 12 months of coverage you become disabled and you received treatment for this disabling condition during the time you were not covered under the JPMorgan Chase LTD Plan.
Supplemental Term Life (STL) Insurance Plan	You and your dependents will be assigned the same coverage amount in effect prior to your termination date.
Accidental Death and Dismemberment (AD&D) Insurance Plan	You and your dependents will be assigned the same coverage amount in effect prior to your termination date.
Long-Term Care Insurance Plan	You can resume payroll deductions and have the same coverage amount that was in effect prior to your termination date.
Group Personal Excess Liability Insurance Plan	You will be assigned the same coverage amount in effect prior to your termination date.
Group Legal Services Plan	You will be assigned the same coverage amount in effect prior to your termination date.
401(k) Savings Plan	Your prior elections (including an election not to participate) will remain in effect. You will not be subject to automatic enrollment.

Please Note:

- Any assigned coverage cannot be changed unless you experience a qualified status change. For more information, please see the **Benefits Status Change Guide** on **HR & Personal > Benefits**.
- If you are rehired after 31 days of your termination date, you will need to make new benefits elections for most plans for which you would like to participate.
- In all cases, the period during which you are not working will result in a break in coverage (unless you elect coverage through COBRA or plan portability features, as applicable.)

Additional Reminders

- **Enrolling During Your 31-Day New Hire Health Care and Insurance Plans Enrollment Period and Qualified Status Changes Throughout the Year.** If you do not elect coverage during your 31-day new hire Health Care and Insurance Plans enrollment period, you will not have coverage for the remainder of the year. Your next opportunity to enroll for coverage will be during an annual benefits enrollment period. If you experience a qualified status change (such as marriage, divorce, or the birth or adoption of a child), you must make eligible benefits changes through the Benefits Web Center or by contacting the JPMorgan Chase Benefits Call Center within 31 days of the qualifying event. If you miss the 31-day deadline, coverage for certain benefits (i.e., medical, dental, vision, and the Health Care Spending Account) will be effective as of the date you contact the Benefits Call Center, and you may be required to pay for your coverage on an after-tax basis for the period prior to the date you first contact the Benefits Call Center in order to have retroactive coverage.
- **Newborns' and Mothers' Health Protection Act.** In accordance with the Newborns' and Mothers' Health Protection Act, group medical plans and health insurance issuers may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal delivery, or to less than 96 hours following a cesarean section. Further, the plan cannot require that any medical provider obtain authorization from the plan or any insurance issuer for prescribing a length of stay not in excess of these periods.
- **Medical Plan Post-Mastectomy Benefits.** All options under the JPMorgan Chase Medical Plan cover certain breast reconstructive benefits in conjunction with a mastectomy for eligible participants. Coverage under the Medical Plan is available for:
 - Reconstruction of the breast on which the mastectomy was performed;
 - Surgery and reconstruction for the other breast to produce a symmetrical appearance; and
 - Prosthesis and treatment of physical complications for all stages of mastectomy, including lymphedema.This coverage is subject to all the terms of the Medical Plan option in which you participate, including relevant deductibles, copayments, and coinsurance provisions. For more information, please contact your Medical Plan option administrator.
- **HIPAA Privacy Rights and Protected Health Information.** Federal legislation under the Health Insurance Portability and Accountability Act (HIPAA) legally requires employers to periodically communicate how certain protected health information under employee and retiree health care plans may be used and disclosed, as well as how plan participants can get access to their protected health information.

Accordingly, JPMorgan Chase will distribute once every three years a **Privacy Notice of Protected Health Information Under the JPMorgan Chase Health Care Plans** to you that describes in detail how your personal health information may be used and your rights with regard to this information. You can also access a copy of this notice on **HR & Personal > Benefits**.

