Highlights of the 2014 JPMorgan Chase
U.S. Benefits Program

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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 lifestyles. 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 more detailed information about the benefits described here, please refer to the summary plan descriptions — Your Guide to Benefits at JPMorgan Chase — available at HR & Personal > Benefits & Services > My Benefits > Resources.

JPMorgan Chase is committed to your wellness, which is why we offer a Wellness Program to help you and your family get healthy and stay healthy. Because wellness is so much a part of our culture, we’ve integrated it with our Medical Plan. Your Wellness Program will be administered by your health care company and will provide access to programs such as health coaching, condition management, treatment decision support, and maternity support. You’ll also have access to onsite support from JPMorgan Chase to help you get the health care you need when you’re at work to supplement the direction you receive from your doctor. Learn more about the Wellness Program in this brochure and on My Health.

For the definitions used in the tables on the following pages and throughout this brochure, please see page 32.

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.

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 27.
# JPMorgan Chase Benefits at a Glance

## HEALTH CARE AND INSURANCE PLANS

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>BENEFITS COVERAGE SUMMARY</th>
<th>WHEN PARTICIPATION BEGINS FOR NEW HIRES*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>• Two Consumer Driven Health Plan (CDHP) coverage options with a Medical Reimbursement Account (MRA) feature:  — Option 1 (has higher payroll contributions but lower deductibles and coinsurance maximums) — Option 2 (has lower payroll contributions but higher deductibles and coinsurance maximums) — Both options are offered by Cigna and UnitedHealthcare  — Prescription drug coverage (retail and mail-order) — Prescription drug coverage has a completely different plan design than the other Medical Plan features and is not subject to the same deductibles.  — The MRA helps you pay your share of out-of-pocket medical and prescription drug expenses. All employees who are enrolled in the plan can earn funding by participating in certain wellness activities. When your covered spouse/domestic partner completes certain wellness activities, you earn additional MRA funding.  — No exclusions for pre-existing conditions  — In-network preventive care covered at 100%  — In-network primary care office visits covered at 90% with no deductible  — Employee and dependent coverage  — JPMorgan Chase and employee cost sharing  — Employee contributions on a before-tax basis are generally determined based on your level of Total Annual Cash Compensation (excluding overtime), the Medical Plan option chosen, your geographic location, number and type of dependents you cover, and whether you and/or your covered spouse/domestic partner uses tobacco. You will pay for medical coverage for each covered family member individually (i.e., employee, spouse/domestic partner, and/or each child).</td>
<td>• Full-time employees: First day of the month following your date of hire  • Part-time employees: First day of the month following 60 days from your date of hire</td>
</tr>
<tr>
<td>Dental</td>
<td>• Three coverage options depending on your home zip code:  — Preferred Dentist Program (PDP) Option  — Dental Maintenance Organization (DMO) Option  — Dental Health Maintenance Organization (DHMO) Option  — Employee and dependent coverage  — JPMorgan Chase and employee cost sharing  — Employee contributions on a before-tax basis</td>
<td>• See Medical</td>
</tr>
<tr>
<td>Vision</td>
<td>• Coverage for eligible vision expenses, such as eye exams, lenses (including contacts), and eyeglass frames  — Employee and dependent coverage  — You pay the full cost of coverage on a before-tax basis</td>
<td>• See Medical</td>
</tr>
<tr>
<td>Spending Accounts — Health Care — Child/Elder Care — Transportation (Transit/Parking)</td>
<td>• Health Care Spending Account — Contributions up to $2,500 annually  — Child/Elder Care Spending Account — Contributions generally up to $5,000 annually  — Transportation Spending Accounts — Contributions for work commuting expenses for transit and parking. For 2014 contribution limits, go to My Rewards @ Work  — Employee and dependent coverage  — You pay the full cost of coverage on a before-tax basis</td>
<td>• See Medical</td>
</tr>
<tr>
<td>Long-Term Disability (LTD)</td>
<td>• For employees earning less than $60,000 in Total Annual Cash Compensation: — Company-provided 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: — Replacement of 50% of Total Annual Cash Compensation; or — Replacement of 60% of Total Annual Cash Compensation — $20,000 maximum monthly LTD benefit — Tobacco user rates apply  — You pay the full cost of coverage on an after-tax basis  • For employees whose Total Annual Cash Compensation is greater than $400,000 and have met the $20,000 maximum monthly group benefit: — Ability to purchase additional LTD coverage under an Individual Disability Insurance (IDI) policy — IDI policy provides an additional maximum monthly LTD benefit of up to $15,000 — Fully portable — Tobacco user rates apply  — You pay the full cost of coverage on an after-tax basis</td>
<td>• See Medical</td>
</tr>
</tbody>
</table>

*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. However, you are able to elect to participate at any time under the Transportation Spending Accounts and 401(k) Savings Plan.
<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>BENEFITS COVERAGE SUMMARY</th>
<th>WHEN PARTICIPATION BEGINS FOR NEW HIRES*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life Insurance</td>
<td>• Company-provided employee coverage equal to one times eligible compensation (rounded up to next $1,000) to a maximum of $100,000  &lt;br&gt;• Additional features of the Basic Life Insurance Plan include:  &lt;br&gt;  — SurvivorSupport® Financial Counseling Service  &lt;br&gt;  — Identity (ID) Theft Assistance Program  &lt;br&gt;  — Travel Assistance and Emergency Evacuation Services  &lt;br&gt;  — Funeral Concierge Services  &lt;br&gt;• Fully paid for by JPMorgan Chase</td>
<td>• See Medical</td>
</tr>
<tr>
<td>Business Travel Accident Insurance</td>
<td>• Company-provided employee coverage equal to six times annual base salary (minimum of $50,000 and maximum of $3 million)  &lt;br&gt;• Fully paid for by JPMorgan Chase</td>
<td>First day of work with JPMorgan Chase</td>
</tr>
<tr>
<td>Employee and Dependent Supplemental Term Life Insurance</td>
<td>• Employee coverage up to 10 times eligible compensation in $10,000 increments, up to a maximum of $3 million  &lt;br&gt;• Spouse/domestic partner coverage from $10,000 to $300,000 in $10,000 increments  &lt;br&gt;• Child coverage equal to $5,000 or $10,000 per child  &lt;br&gt;• Employee and spouse/domestic partner tobacco user rates apply  &lt;br&gt;• You pay the full cost of coverage on an after-tax basis</td>
<td>• See Medical</td>
</tr>
<tr>
<td>Employee and Dependent Accidental Death and Dismemberment (AD&amp;D) Insurance</td>
<td>• Employee coverage up to 10 times eligible compensation in $10,000 increments, up to a maximum of $3 million  &lt;br&gt;• Spouse/domestic partner coverage from $10,000 to $600,000 in $10,000 increments  &lt;br&gt;• Child coverage from $10,000 to $100,000 in $10,000 increments per child  &lt;br&gt;• You pay the full cost of coverage on an after-tax basis</td>
<td>• See Medical</td>
</tr>
<tr>
<td>Group Personal Excess Liability Insurance</td>
<td>• Provides additional liability coverage in excess of the limits carried on your personal insurance policies, such as homeowners or renters, automobile, watercraft  &lt;br&gt;• You choose from among three levels of coverage:  &lt;br&gt;  — $2 million  &lt;br&gt;  — $5 million  &lt;br&gt;  — $10 million  &lt;br&gt;• You pay the full cost of coverage on an after-tax basis</td>
<td>• See Medical</td>
</tr>
<tr>
<td>Group Legal Services</td>
<td>• Coverage for attorneys’ fees for routine legal services related to personal and family legal issues  &lt;br&gt;• Employee and dependent coverage  &lt;br&gt;• You pay the full cost of coverage on an after-tax basis</td>
<td>• See Medical</td>
</tr>
</tbody>
</table>

*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. However, you are able to elect to participate at any time under the Transportation Spending Accounts and 401(k) Savings Plan.
### 401(k) Savings

- Automatic enrollment for new hires at a before-tax contribution rate of 3% of eligible compensation (generally base salary), 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 31 days of hire/eligibility date.
- Can otherwise choose before-tax and/or Roth after-tax contributions up to 50% of eligible compensation (up to the legal limit). See page 28 for the annual legal limits on contributions and eligible compensation.
- If eligible, can elect to contribute up to 50% of the cash portion of your Annual Incentive Compensation, if any, on a before-tax and/or Roth basis.
- Participants age 50 and over as of December 31 of any calendar year qualify for a higher legal limit. See page 28 for more information.
- Matching contributions:
  - Dollar-for-dollar up to 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
  - Matching contributions are invested in the same manner as your own employee contributions
  - Can choose to invest in a Target Date Fund or among the Core Fund lineup
  - 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.
- **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 the completion of 60 days of total service
- **Automatic enrollment:** Employees will be automatically enrolled in the plan 31 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”)
- **Matching contributions:** Participants become eligible for matching contributions on the first day of the month following the completion of one year of total service

### Retirement (Cash Balance Pension Plan)

- 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, a rollover to an IRA or another qualified plan, or installment payments
- **Generally the first day of the month after completing one year of total service**

### Employee Stock Purchase

- Purchase JPMorgan Chase common stock quarterly at a 5% discount. Contributions are subject to a legal annual maximum share purchase of $25,000 divided by the fair market value of JPMorgan Chase common stock on the first trading day of the year (including reinvested dividends).
- Dividends automatically reinvested in the plan with a 5% discount
- No brokerage or commission fees
- Employee contributions on an after-tax basis up to 20% of eligible compensation
- Employees with Total Annual Cash Compensation of $250,000 or more are not eligible to participate
- **Must be hired on or before September 30 to participate in the following year**
- **Election to participate only during an annual benefits enrollment period**

### Designating Beneficiaries

You may designate beneficiaries for the Life and Accident Insurance Plans, as well as the Retirement and 401(k) Savings Plans, through the Online Beneficiary Designations site. This website, which is open to all employees eligible for the JPMorgan Chase U.S. Benefits Program, allows you to designate beneficiaries electronically. Beneficiary designations made on this site can be reviewed and updated as needed, for instance in the event of a status change (divorce, marriage, or the birth/adoption of a child).

To access the site:
- **From Work:** HR & Personal > Benefits & Services > My Benefits > Resources
- **From Home:** beneficiary.jpmonarganchase.com
Earn Wellness Funds!

You can earn Wellness Funds whether or not you enroll in the JPMorgan Chase Medical Plan. If you enroll in the Medical Plan, your Wellness Funds will be added to your Medical Reimbursement Account (MRA). And, when your covered spouse/domestic partner takes part in certain wellness activities, you can build your MRA even more! If you’re not enrolled in the Medical Plan, your Wellness Funds — upon your request — can be loaded onto a debit card for any purpose you choose and are subject to taxes.

Access All Your Health Information in One Place

My Health is your centralized online resource where you and your family can go to educate yourselves about the Medical Plan, research doctors, get health news, link to your health care company, and more.

You can access the site from work or home. And, the Single Sign-On feature gets you around without the need to re-enter passwords. Here’s how you can get there:

- From Work: My Health from the intranet
- From Home: myhealth.jpmorganchase.com (also available for your spouse/domestic partner)

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 enrolled family members. 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, including online and telephonic resources, as well as onsite support through our Health & Wellness Centers.

Wellness is a core part of our culture at JPMorgan Chase. That’s why we’ve integrated it with our Medical Plan. The Wellness Program is offered through your health care company (Cigna or UnitedHealthcare) and provides you access to health coaches, condition management programs, treatment decision support, a 24/7 nurseline, and more. Please Note: If you’re not enrolled in a JPMorgan Chase Medical Plan, your Wellness Program will be administered by Cigna.

You can learn more about the Wellness Program and onsite support locations through My Health.

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness Screening</td>
<td>- A health check that measures your blood pressure, blood sugar, cholesterol (total HDL and LDL), triglycerides, and body mass index (BMI). 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 a physical exam.</td>
</tr>
<tr>
<td>Wellness Assessment</td>
<td>- 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.</td>
</tr>
</tbody>
</table>
| Health Coaching, Condition Management, Treatment Decision Support, Maternity Support | - Health coaches can help you set goals to address certain potential health risks — such as creating an exercise program, developing a healthy eating plan, or building a plan to lower your blood pressure or cholesterol.  
- Your health care company will also help you manage a health condition, such as asthma, coronary artery disease, congestive heart failure, COPD, or diabetes.  
- You can also contact a registered nurse who will provide you with treatment decision support for health issues, such as breast or prostate cancer, coronary artery disease, back pain, or osteoarthritis.  
- Nurses (available through your health care company) can be accessed 24 hours a day, seven days a week to answer your health questions and give advice.  
- Enrollment in the Maternity Support Program must be during your first trimester or within 31 days of your benefits effective date (and before the child’s birth). |
| Health Advocate                                    | - This independent health advocacy company can help you find solutions to your health care or insurance-related issues, such as locating and researching treatments for a medical condition, resolution of any benefits claims issues, scheduling appointments with hard-to-reach specialists, answering questions on health care reform, and more. |
| Employee Assistance and Work-Life Program          | - The Employee Assistance and Work-Life Program (EAP) 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                                    | - At major locations, JPMorgan Chase provides Health & Wellness Centers, seasonal flu shots, Wellness Screenings, cafeterias offering healthy dining, and backup childcare. At the onsite Health & Wellness Centers, you have access to basic medical services and educational resources — at no charge to you. They provide medical care, treatment, and resources when you need them at work to supplement the care and direction you get from your own doctor. Onsite nurses are available to act as advisors and help you connect with your health care company’s coaching programs. Doctors are available to provide onsite care when you need it — and more doctors will be added to centers in 2014. So stop by today! |
| Physical Activity Events                           | - Participate in local community physical activity events through Good Works, or participate in a J.P. Morgan Corporate Challenge®. |
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, 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 a type of Medical Plan known as a “Consumer Driven Health Plan,” or CDHP. This plan consists of two Medical Plan options: Option 1 and Option 2. Both options are offered through Cigna and UnitedHealthcare and both cover the same medically necessary services and supplies, including prescription drugs. The key differences between these options are:

- Option 1 has higher payroll contributions but lower deductibles and coinsurance maximums.
- Option 2 has lower payroll contributions but higher deductibles and coinsurance maximums.

In-network preventive care services are fully covered (there is no annual deductible or coinsurance; subject to age and frequency guidelines). A brief overview of the Medical Plan provisions can be seen on the following page.

In addition to providing coverage for your medical expenses, the Medical Plan includes wellness features that help you get and stay healthy by offering tools, resources, and financial incentives to help you improve your health and become an informed consumer of medical care.

How the Plan Works

Plan benefits are offered through a network of participating health care providers (for example, doctors, hospitals, labs, and outpatient facilities). While the most cost-effective care will always be available through in-network providers, you can choose to go in- or out-of-network each time you need care. Out-of-network charges do not apply toward the in-network annual deductible or coinsurance maximum. The same applies with in-network charges — they do not apply toward the out-of-network deductible or coinsurance maximum.

You generally must meet an annual deductible — a set amount that you pay out of pocket — before the plan shares in the costs for care. (Note that there are separate deductibles for in-network and out-of-network care.) Importantly, however, in-network preventive care, including physical exams and recommended preventive screenings, is covered at 100% with no deductible, coinsurance, or copayments; and in-network primary care office visits are covered at 90% with no deductible. (Primary care includes family practitioners, internists,* pediatricians, OB/GYNs, and convenience care clinics.)

For other services, the plan pays a percentage (generally 80% in-network and 60% out-of-network) of the cost once you meet the annual deductible. Your share — called coinsurance, which is the amount you and the plan share for certain expenses — after the deductible is typically 20% of the cost of in-network care and 40% of the cost for out-of-network care.

The plan’s coinsurance maximum — your financial “safety net” — limits the amount you are required to pay in coinsurance each year. There are separate coinsurance maximums for in-network and out-of-network charges. Prescription drugs are subject to an entirely separate plan design (see page 9 for details).

*Internists must be contracted with Cigna or UnitedHealthcare as a primary care physician (PCP). Go to the Cigna or the UnitedHealthcare website through My Health to search for PCPs/primary care.

Committed to Your Health

Our Medical Plan is built on the principle of a shared commitment to health. JPMorgan Chase demonstrates its commitment by providing valuable benefits, programs, and access to a suite of tools and resources. These are all designed to help you get and pay for the treatment you need, manage your health care expenses, and most importantly, take care of yourself.

Your commitment is required, too. Your role is to take responsibility for the controllable aspects of your health care and health care spending. You can do this by getting preventive care, maintaining a proper diet and exercise regimen, carefully selecting your doctors and hospitals, as well as understanding your treatment alternatives and their costs. Go to My Health to research quality ratings of medical providers, connect to your health care company, find out about ways to lower your prescription drug costs, and more.

In addition, when you take the right steps, such as participating in Wellness Programs, you get funds from JPMorgan Chase added to your MRA to help pay your out-of-pocket medical and prescription drug expenses (deductibles, coinsurance, and copayments) — tax-free.

Important Note

You must contact a coach/nurse at your health care company (Cigna or UnitedHealthcare) before you receive infertility services or have bariatric surgery to be eligible for benefits under the Medical Plan. Contact your health care company for details.

*Internists must be contracted with Cigna or UnitedHealthcare as a primary care physician (PCP). Go to the Cigna or the UnitedHealthcare website through My Health to search for PCPs/primary care.
Both plan options come with a Medical Reimbursement Account (MRA) — fully funded by JPMorgan Chase — that you can use to help pay for out-of-pocket medical and prescription drug expenses, such as deductibles and coinsurance. See page 11 for more information on the MRA.

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<tr>
<th>COVERAGE LEVELS</th>
<th>OPTION 1</th>
<th>OPTION 2</th>
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<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td><strong>ANNUAL DEDUCTIBLE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee*</td>
<td>$1,500</td>
<td>$2,500</td>
</tr>
<tr>
<td>Employee + Spouse/Domestic Partner or Child(ren)</td>
<td>$2,250</td>
<td>$3,750</td>
</tr>
<tr>
<td>Family</td>
<td>$3,000</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

**ANNUAL COINSURANCE MAXIMUM (DOES NOT INCLUDE DEDUCTIBLE)**

| Total Annual Cash Compensation: < $60,000 | Employee* | $750 | $4,000 | $2,500 | $6,000 |
|                                           | Employee + Spouse/Domestic Partner or Child(ren) | $1,125 | $6,000 | $3,750 | $8,000 |
|                                           | Family | $1,500 | $8,000 | $5,000 | $12,000 |

| Total Annual Cash Compensation: $60,000 – $149,999 | Employee* | $1,250 | $4,000 | $3,500 | $6,000 |
|                                                    | Employee + Spouse/Domestic Partner or Child(ren) | $1,875 | $6,000 | $5,250 | $8,000 |
|                                                    | Family | $2,500 | $8,000 | $7,000 | $12,000 |

| Total Annual Cash Compensation: $150,000+ | Employee* | $2,000 | $4,000 | $3,500 | $6,000 |
|                                          | Employee + Spouse/Domestic Partner or Child(ren) | $3,000 | $6,000 | $5,250 | $8,000 |
|                                          | Family | $4,000 | $8,000 | $7,000 | $12,000 |

*Also serves as a “per person” deductible or coinsurance maximum under other coverage levels. For more details on the “per person” rule, please see the Medical Plan Overview available on My Health.

Our Health Care Companies

JPMorgan Chase partners with Cigna and UnitedHealthcare to administer our Medical Plan. You can choose to have one of these health care companies administer your Medical Plan, regardless of whether you choose Option 1 or Option 2. Both are large, established companies that offer broad nationwide provider networks. They also offer strong, well-established clinical programs and provide tools and resources to help you research and understand your health treatment alternatives.

Important Note About Providers Leaving Networks

When considering your options under the Medical Plan, remember that if your doctor leaves a network, it does not qualify as an event that allows you to change coverage during the year. You may want to check with your provider to ensure that he or she plans to continue to participate in the network of the health care company you decide to choose.

Medical Benefit Provisions

<table>
<thead>
<tr>
<th>MEDICAL BENEFIT PROVISIONS</th>
<th>COVERAGE FOR OPTION 1 AND OPTION 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100% before deductible</td>
</tr>
<tr>
<td>Primary Care Office Visit</td>
<td>90% before deductible</td>
</tr>
<tr>
<td>(Primary care includes family practitioners, internists, pediatricians, OB/GYNs, and convenience care clinics.)</td>
<td></td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Other Medical Costs</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>(Hospitalizations, Labs, etc.)</td>
<td></td>
</tr>
<tr>
<td>Emergency Care</td>
<td>80% after deductible (60% after deductible for non-emergencies)</td>
</tr>
</tbody>
</table>

**Internists must be contracted with Cigna or UnitedHealthcare as a primary care physician (PCP). Go to the Cigna or the UnitedHealthcare website through My Health to search for PCPs/primary care.

Please Note: This chart presents an overview of plan design features — for more detailed information, please contact your health care company or use the Health Plan Comparison Charts on the Benefits Web Center, which you can access through My Health. With the Health Plan Comparison Charts, you can easily compare specific features (e.g., costs, deductibles, coinsurance) of the two Medical Plan options.

Don’t Forget: You have your Medical Reimbursement Account (MRA) to help pay your annual deductible and coinsurance. See page 11 for details.
prescription drug coverage

Your prescription drug coverage is part of the Medical Plan and 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 pharmacy.

<table>
<thead>
<tr>
<th>PRESCRIPTION DRUG BENEFIT PROVISIONS</th>
<th>COVERAGE FOR OPTION 1 AND OPTION 2</th>
</tr>
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<tbody>
<tr>
<td>Retail Deductible (waived for generic) (Employee*/Employee + Spouse/Domestic Partner or Child(ren)/Family)</td>
<td>$50/$100/$150</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (does not include deductible) (Employee**/Employee + Spouse/Domestic Partner or Child(ren)/Family)</td>
<td>$2,000/$4,000/$6,000</td>
</tr>
<tr>
<td>Preventive Drug Coverage</td>
<td>100% for generics only</td>
</tr>
</tbody>
</table>
| Retail Pharmacy (up to a 30-day supply) | Employee copayment/coinsurance: 
• $10 generics 
• 30% ($100 max) preferred, brand-name 
• 45% ($150 max) non-preferred, brand-name |
| Mail-Order Pharmacy (up to a 90-day supply) | Employee copayment/coinsurance: 
• $20 generic 
• 30% ($250 max) preferred, brand-name 
• 45% ($375 max) non-preferred, brand-name |

*Also serves as a “per person” deductible under other coverage levels
**Also serves as a “per person” maximum under other coverage levels

Free Preventive Generic Drugs

To encourage preventive care and the use of generic drugs, eligible preventive generic drugs are covered at 100% with no deductible or copayments. Preventive drugs are medications that can help prevent the onset of a condition when taken by a person who is at risk for or recovered from that condition; preventive drugs can also help you manage your health if you have a condition. Examples of preventive generic drugs include atorvastatin, generic for Lipitor® to help lower cholesterol, and alendronate, generic for Fosamax® to help prevent osteoporosis. Additionally, in accordance with federal health care reform, women’s generic prescription contraceptives (or brand-name drugs for which a generic is not available) are also covered at 100% with no deductible or copayment — for example, Ortho Evra® and Depo-Provera®. A list of drugs covered at 100%, as determined by Caremark, can be viewed on Caremark’s website through My Health.

Don’t forget: You can use your Medical Reimbursement Account (MRA) to help pay for prescription drug deductibles, copayments, and coinsurance.

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

One of the best features of the plan is the discount available for long-term maintenance prescriptions purchased in bulk by Caremark and fulfilled through the mail-order prescription service. This program saves both you and JPMorgan Chase money.

If you are taking a long-term medication, you may receive your 90-day supply by mail through Caremark’s mail-order prescription service or by picking up your 90-day supply at a CVS pharmacy, where the same discounts are available through the CVS Caremark Maintenance Choice Program. You may opt out of Maintenance Choice and obtain a 90-day supply (or a 30-day supply) at any participating network pharmacy. Please keep in mind that it may be more cost-effective for you to use the CVS Caremark mail-order prescription service or a CVS retail pharmacy.
How to Compare Your JPMorgan Chase Medical Plan Options with Other Options

Take a look at the resources JPMorgan Chase provides to help you make the right decision about your 2014 medical coverage:

<table>
<thead>
<tr>
<th>RESOURCE</th>
<th>HOW TO ACCESS</th>
<th>WHAT IS IT?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Plan Overview</td>
<td>My Health</td>
<td>Provides a broad look at your JPMorgan Chase Medical Plan options.</td>
</tr>
<tr>
<td>Tip Sheets</td>
<td>My Health</td>
<td>Help you understand how to use your Medical Plan so you can make the most of it. Covered topics include:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Choosing your Medical Plan option and health care company;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Understanding your prescription drug coverage;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• What’s covered under preventive care;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• And more.</td>
</tr>
<tr>
<td>Health Plan Comparison Charts</td>
<td>Benefits Web Center via My Health</td>
<td>Provide a more detailed comparison of your JPMorgan Chase Medical Plan options than the Medical Plan Overview.</td>
</tr>
<tr>
<td>Summaries of Benefits and Coverage</td>
<td>Benefits Web Center via My Health</td>
<td>Because of their standard format, allow you to easily compare your JPMorgan Chase Medical Plan options to your spouse/domestic partner’s or child’s Medical Plan options that may be available through another employer.</td>
</tr>
</tbody>
</table>

Health Care Reform and What It Means to You
The Patient Protection and Affordable Care Act (ACA)

Under the Patient Protection and Affordable Care Act (ACA), the Health Insurance Marketplace (or health care exchanges) offers health plans by either your state or the U.S. Department of Health and Human Services. ACA requires that all U.S. citizens and legal residents (adults and children) have medical coverage effective January 1, 2014, or pay a penalty tax to the federal government. For more information and instructions on how to enroll in Marketplace coverage (if you choose to do so), go to the ACA information page on My Health.

You may hear in the media that financial assistance is available from the government if you elect coverage through the Health Insurance Marketplace. Depending on your household income (generally defined as your adjusted gross income [AGI] from your federal tax return with some modifications), you may be eligible for a tax credit and/or premium assistance to help reduce the cost of health coverage obtained through the Marketplace. However, since JPMorgan Chase’s Medical Plan meets the requirements of ACA, you will likely not receive any form of financial assistance if you are eligible for the JPMorgan Chase Medical Plan and decide to elect coverage through the Marketplace. And, if you purchase coverage through the Marketplace and are not enrolled in a JPMorgan Chase Medical Plan, you will lose JPMorgan Chase’s employer contribution (subsidy).

At this point in time, JPMorgan Chase coverage is believed to be more affordable than what will be offered through the health care exchanges — either at the state or federal level — for most benefits-eligible employees. However, if you wish to explore the coverage available to you based on your state of residence, go to www.HealthCare.gov.

What Do You Need to Do?

Employees enrolled in the JPMorgan Chase Medical Plan meet the coverage requirement under ACA, which states that all U.S. citizens and legal residents must have medical coverage effective January 1, 2014, or pay a penalty tax to the federal government.

If you’re currently enrolled in other medical coverage, including a spouse’s or domestic partner’s medical plan, you should confirm that it satisfies the requirements of ACA. If it does, you don’t need to take further action, unless you want to enroll in Marketplace coverage.

Please Note: If you do not have medical coverage beginning January 1, 2014, you will be subject to the penalty tax, unless you obtain coverage through the Marketplace, through a spouse/domestic partner’s employer plan, or through another qualifying source.

To learn more about the Health Insurance Marketplace, refer to the notice on the ACA information page of My Health. You can also go to www.HealthCare.gov to review the plans available in the state in which you live.

If you need help making a decision, you can call Health Advocate at 1-866-611-8298, Monday through Friday, from 8 a.m. to 9 p.m. Eastern Time.
The Medical Reimbursement Account (MRA)

A key feature of the Medical Plan is the Medical Reimbursement Account (MRA). JPMorgan Chase contributes money to your MRA to help you pay for out-of-pocket medical and prescription drug expenses.

JPMorgan Chase wants to reward you for taking healthy action and leading a healthier lifestyle. That’s why we contribute money to your MRA when you complete certain wellness activities, including a Wellness Assessment and Wellness Screening. When you do, you’ll get a snapshot of important indicators of your health, as well as any potential risk factors you may have. This information can help you take steps to either keep up the good work or make changes so you can be the best you can be.

Here’s how you can earn MRA funds for 2014:

**Complete Initial Wellness Activities** (Wellness Screening and Wellness Assessment) and earn $300 for each for a total of $600. **Please Note:** You must complete Initial Wellness Activities to be able to earn funds for completing Additional Wellness Activities.

There are three ways to get a Wellness Screening:

1. Employees can sign up for an onsite Wellness Screening, available at more than 100 larger JPMorgan Chase locations at various times throughout the year.
2. Schedule a screening at a participating local lab (get lab screening information and forms on My Health).
3. Visit your in-network doctor (download a Wellness Screening Results Form from My Health and bring it with you).

**Please Note:** Your covered spouse/domestic partner can get a free Wellness Screening too through a participating local lab or in-network doctor.

Go to My Health for full details.

**Complete up to two Additional Wellness Activities**, and earn $200 each for a total of $400.

So, when you complete these activities, you can earn $1,000 in your MRA for 2014. You can use the funds to pay for eligible out-of-pocket medical and prescription drug expenses you’ll have in 2014, or in future years!

**Covered Spouses/Domestic Partners Can Take Action, Too**

Since we also believe it’s important to help your covered spouse/domestic partner be the best he or she can be, you will earn $100 for each Initial Wellness Activity (Wellness Screening and Wellness Assessment) that he or she completes. Then, you can go on to earn another $200 for two Additional Wellness Activities ($100 each) that he or she completes in 2014. That’s $400 more that you can earn when your covered spouse/domestic partner takes action for his or her health!

**If You Don’t Enroll in a JPMorgan Chase Medical Plan for 2014**

You’ll still be able to earn up to $600 in Wellness Rewards that can be loaded on to a debit card. You can earn rewards by getting a Wellness Screening and completing an online Wellness Assessment ($300 for each). These activities must be completed by December 31, 2014, to earn Wellness Rewards.

---

Understand How the Wellness Screening and Wellness Assessment Work

A Wellness Screening provides overall key indicators of your health. Screenings give you your blood pressure, blood sugar, cholesterol, triglycerides, and body mass index (BMI) numbers. And the Wellness Assessment is a simple, online health and lifestyle questionnaire that takes about 15 minutes to complete. Together, your Wellness Screening and Wellness Assessment results provide you with helpful information about what you’re doing well, recommendations for improving your health, and potential issues to discuss with your doctor.

**Please Note:** All Wellness Activities must be completed by December 31, 2014, to earn funds for your MRA.
Your 2014 MRA Funds at a Glance

<table>
<thead>
<tr>
<th>WELLNESS ACTIVITY</th>
<th>WHO IS ELIGIBLE TO COMPLETE/AMOUNT OF 2014 MRA FUNDS EARNED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALL ACTIVITIES MUST BE COMPLETED BY DECEMBER 31, 2014</strong></td>
<td><strong>YOU</strong></td>
</tr>
<tr>
<td><strong>Initial Wellness Activities</strong></td>
<td>Must complete both a Wellness Screening and a Wellness Assessment to earn rewards for Additional Wellness Activities.</td>
</tr>
<tr>
<td>Get a biometric Wellness Screening</td>
<td>$300</td>
</tr>
<tr>
<td>Complete an online Wellness Assessment</td>
<td>$300</td>
</tr>
<tr>
<td><strong>Additional Wellness Activities</strong></td>
<td>Must complete both Initial Wellness Activities to earn rewards for completing up to two Additional Wellness Activities listed below.</td>
</tr>
<tr>
<td>Preventive care. Get a physical, cervical or prostate cancer screening, mammogram, or colonoscopy.</td>
<td>$200</td>
</tr>
<tr>
<td>Participate in a Health Coaching Program, such as stress and weight management, nutrition, maternity support, condition management, and/or treatment decision support.</td>
<td>$200</td>
</tr>
<tr>
<td>Participate in a Local Community Physical Activity event through Good Works, or participate in a J.P. Morgan Corporate Challenge®.</td>
<td>$200</td>
</tr>
<tr>
<td>Achieve a healthy body mass index (BMI) &lt; 25 OR make progress toward a healthy BMI.*</td>
<td>$200</td>
</tr>
<tr>
<td><strong>Total 2014 MRA funds you can earn</strong></td>
<td><strong>$1,000</strong></td>
</tr>
</tbody>
</table>

*If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, contact Corporate Wellness at us.wellness@jpmchase.com, and our Wellness staff will work with you to develop another way to qualify for the reward.

Please Note: You can access your health care company’s website through My Health generally 10 business days after you enroll. Learn more about how the MRA works by checking out the 2014 MRA Action Plan Tip Sheet and Getting to Know Your New Medical Plan Tip Sheet on My Health.

What Is Progress Toward a Healthy Body Mass Index (BMI)?
Progress is generally measured as a 5% weight reduction or two point reduction in your BMI. Contact your health care company for more details.
Paying Expenses Through Your MRA

Benefits enrollment is the time you’ll choose how you want expenses to be paid by your MRA — through automatic claim payment or debit card. Learn more about paying your expenses through your MRA by accessing the Differences Between MRA and HCSA and Automatic Claim vs. Debit Card Tip Sheets through My Health.

Please Note: If you elect to participate in the Health Care Spending Account (HCSA), the payment method you choose for your MRA will also be used for your HCSA. In addition, if you don’t make an election, your payment method will default to automatic claim payment and generally cannot be changed until the next annual benefits enrollment.

For claim forms or to check your MRA and HCSA balances, go to My Health.

<table>
<thead>
<tr>
<th>PAYMENT METHOD</th>
<th>HOW IT WORKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automatic Claim</td>
<td>After your health care company pays its share of the cost of care, your health care company will pay your doctor/pharmacy your share of the cost. They’ll use your MRA funds first, then your HCSA funds (if applicable). Once both MRA and HCSA funds are gone, you’ll pay any remaining expenses out of your pocket when billed by your doctor. If you’re filling a prescription, you’ll pay any remaining balance not covered by funds in your MRA and/or HCSA at the time you purchase the drug. The pharmacy will let you know about any amount you owe. If you’re using your HCSA to pay for eligible dental and vision expenses not payable under your plans (e.g., coinsurance for dental services, eyeglasses), you’ll need to pay out of your own pocket, then submit a paper claim form (via mail or fax) to access your HCSA balance.</td>
</tr>
<tr>
<td>Debit Card</td>
<td>After your health care company pays its share of the cost of care, you can use your debit card to pay your share of the cost of eligible out-of-pocket medical care and prescription drugs from your MRA and then your HCSA. (Give your debit card number to your doctor when you are billed for services or your pharmacy when you purchase a prescription drug, and your share of the expenses will automatically be taken out of your accounts.) You can also use your debit card to pay for eligible out-of-pocket dental and vision expenses out of your HCSA, as long as your provider accepts debit cards. You can also pay out of pocket and later submit a paper claim form to Cigna or UnitedHealthcare, available on My Health &gt; Claim Forms.</td>
</tr>
</tbody>
</table>

Deciding Which Payment Method to Choose

In some cases, choosing the debit card over automatic claim payment may be better for you, and vice versa. Here are some examples:

<table>
<thead>
<tr>
<th>AUTOMATIC CLAIM PAYMENT MAY BE BETTER FOR YOU IF YOU …</th>
<th>THE DEBIT CARD MAY BE BETTER FOR YOU IF YOU …</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Have doctors and providers who don’t accept credit cards.</td>
<td>• Also have coverage through another medical plan, such as your spouse’s plan, Medicare, or Medicaid.</td>
</tr>
<tr>
<td>• Want to avoid the substantiation process, which requires you to provide receipts when your health care company can’t match expenses to a claim.</td>
<td>• Use a prescription drug discount card provided by a drug manufacturer or foundation.</td>
</tr>
<tr>
<td>• Don’t have coverage through another medical plan.</td>
<td>• Elect the HCSA and want to use that account at the time of service to pay for dental and vision expenses.</td>
</tr>
</tbody>
</table>

Please Note: You are not able to apply any other form of payment at the time of your transaction if you elect the automatic claim payment option.
Eligible Dependents

In addition to employee coverage, your dependents are also generally eligible for coverage under the JPMorgan Chase Medical Plan. When you enroll for coverage, you need to certify online that your dependent meets the eligibility requirements. You will then be asked to provide acceptable documentation supporting eligibility. Eligible dependents generally include:

- Your spouse* or domestic partner; and
- You and/or your spouse/domestic partner’s children
  - Up to the end of the month in which they turn 26
  - Can be covered regardless of student or marital status, financial dependence on parents, residency with parents, or eligibility for coverage under another health plan

*The U.S. Supreme Court and federal regulatory agencies recently ruled that same-sex couples who are legally married under state or foreign law will be treated as married for federal tax purposes. This means that JPMorgan Chase benefits will consider you as married, regardless of the sex of your spouse.

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.

Domestic Partners

To qualify as an eligible dependent under the JPMorgan Chase U.S. Benefits Program, you and your domestic partner must meet all the following conditions:

1. Be age 18 or older; and
2. Not be legally married to, or the domestic partner of, anyone else; and
3. Have lived together for at least six months; are currently living together; and have a serious, committed, romantic relationship; and
4. Be financially interdependent (share responsibility for household expenses); and
5. Not be related to each other in a way that would prohibit legal marriage; and

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.

For additional information on covering domestic partners, please review the information on My Health.
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))

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 if you and your covered spouse/domestic partner use tobacco. You will have a higher cost for coverage if your Total Annual Cash Compensation is higher, you cover more dependents under your Medical Plan 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 32 for the definition of Total Annual Cash Compensation.

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>TOTAL ANNUAL CASH COMPENSATION (EXCLUDING OVERTIME)</th>
<th>EMPLOYEE PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt; $35,000</td>
<td>Least</td>
</tr>
<tr>
<td>2</td>
<td>$35,000 - $59,999.99</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>$60,000 - $79,999.99</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>$80,000 - $149,999.99</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>$150,000 - $249,999.99</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>$250,000 - $349,999.99</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>$350,000 and above</td>
<td>Most</td>
</tr>
</tbody>
</table>
**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 Total Annual Cash Compensation, geographical location, option you select, and if you and your covered spouse/domestic partner use tobacco.

**Here’s how it works:**

**Example 1**
Jack wants to cover himself, his wife, and their three children under Medical Option 1. 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 × 3) = Jack’s total monthly contribution for medical coverage

\[\text{\$71 + \$160 + (\$49.75 \times 3)} = \text{\$380.25}\]

**Example 2**
Barbara wants to cover herself, her husband, and their five children under Medical Option 1. She will pay one price for herself, one price for her husband, and one price for each of 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 × 4) = Barbara’s total monthly contribution for medical coverage

\[\text{\$71 + \$160 + (\$49.75 \times 4)} = \text{\$430}\]

*These examples are for illustrative purposes only and represent participation in Medical Option 1, average geographical price region, and Total Annual Cash Compensation of < \$35,000. Your actual rates could be different from those represented here.

**Higher Rates for Tobacco Users for Certain Benefits Coverage**

All U.S. benefits-eligible employees (and their covered spouses/domestic partners, where applicable) who use tobacco will pay higher rates under the following Health Care and Insurance Plans:

- Medical Plan (employee and spouse/domestic partner coverage);
- Supplemental Term Life Insurance Plan (employee and spouse/domestic partner coverage); and
- Long-Term Disability Plan (employee coverage).

If you use tobacco, you will pay an additional $60 per month under the Medical Plan. If your covered spouse/domestic partner also uses tobacco, you will pay an additional $120 per month under the Medical Plan.

Under the JPMorgan Chase U.S. Benefits Program, a “tobacco user” (for a plan year) is any person who has used any type of tobacco products (i.e., cigarettes, cigars, chewing tobacco, snuff, or a pipe) regardless of the frequency or location (this includes daily, occasionally, socially, at home only, etc.) in the 12 months preceding January 1 of the plan year.

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

If you are hired before October 1, you will be assigned non-tobacco user rates for the current calendar year for you and your covered spouse/domestic partner even if you declare yourself and/or your spouse/domestic partner a tobacco user, because you and/or your spouse/domestic partner may not have had an opportunity to complete a Tobacco Cessation Program in order to qualify for the lower non-tobacco user rates. You’ll receive more information regarding the opportunity to update your tobacco user status during the annual benefits enrollment period. More information on Tobacco Cessation Programs and requirements is available on My Health > Take Action.

If you are hired on or after October 1, for the current plan year and the following plan year you will be assigned non-tobacco user rates for your and your spouse/domestic partner’s coverage for certain benefits.
**Dental Plan**

JPMorgan Chase offers three dental coverage 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

<table>
<thead>
<tr>
<th>Provision</th>
<th>Preferred Dentist Program (PDP) Option — MetLife</th>
<th>Dental Maintenance Organization (DMO) Option — Aetna</th>
<th>Dental Health Maintenance Organization (DHMO) Option — Cigna</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td><strong>IN-NETWORK</strong></td>
<td><strong>OUT-OF-NETWORK</strong></td>
<td></td>
</tr>
<tr>
<td>Preventive</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Restorative (basic and major)</td>
<td>$50 individual, $150 family</td>
<td>$100 individual, $300 family</td>
<td>None</td>
</tr>
<tr>
<td><strong>Covered Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive (exams, cleanings, X-rays, sealants) (no deductible)</td>
<td>100% coverage</td>
<td>90% coverage</td>
<td>100% coverage* with $0 copayment</td>
</tr>
<tr>
<td>Basic restorative (fillings, extractions, periodontal, oral surgery, anesthesia)</td>
<td>80% coverage after deductible</td>
<td>70% coverage after deductible</td>
<td>Approximately 80% coverage* with copayments ranging from $0 to $250</td>
</tr>
<tr>
<td>Major restorative (dentures, bridges, root canals, inlays, onlays, crowns)</td>
<td>60% coverage after deductible</td>
<td>50% coverage after deductible</td>
<td>Approximately 60% coverage* with copayments ranging from $15 to $325</td>
</tr>
<tr>
<td><strong>Orthodontia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child (up to age 19)</td>
<td>50% coverage after deductible</td>
<td>50% coverage after deductible</td>
<td>50% coverage</td>
</tr>
<tr>
<td>Adult</td>
<td>None</td>
<td>None</td>
<td>50% coverage</td>
</tr>
<tr>
<td><strong>Maximum Benefits</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combined annual for preventive and restorative</td>
<td>Maximum $2,000**</td>
<td>Maximum $1,500**</td>
<td>No maximum</td>
</tr>
<tr>
<td>Lifetime for orthodontia</td>
<td>Maximum $2,500**</td>
<td>Maximum $2,000**</td>
<td>Limited to one course of treatment per lifetime</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>24 months of interceptive and/or comprehensive treatment (cases beyond 24 months or atypical cases require additional payment by the patient)</td>
</tr>
</tbody>
</table>

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.
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. You may want to check with your provider to ensure that he or she plans to continue participation in the option of your choice.

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 discounted costs for in-network covered expenses, subject to plan maximums. In the case of out-of-network covered expenses, a higher deductible applies and the plan pays a lower level of benefits up to reasonable and customary limits and 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.
- There are no deductibles.
- You pay nothing for preventive care and share in the cost of care for basic and restorative care. You pay a percentage of discounted costs under the DMO, but generally you have a fixed copayment under the DHMO Option.

Eligible Dependents

You can cover the same eligible dependents under the Dental Plan as under the JPMorgan Chase Medical Plan (please see page 14).

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 type of eligible dependents you cover.
**Vision Plan**

The JPMorgan Chase Vision Plan, administered by VSP® Vision Care (VSP), helps you pay for covered vision expenses, such as 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 no copayment for your vision exam. If you choose to seek care outside the network, you will be reimbursed up to a specified dollar limit. VSP offers vision care coverage through 30,000 vision care providers nationwide at 52,000 locations, including retail chains, such as Cohen’s Fashion Optical, Costco, Wisconsin Vision, Heartland Vision, and Rx Optical.

**Vision Plan at a Glance — In-Network Care**

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>PROVISION</th>
<th>COPayment</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>WellVision Exam®</td>
<td>Exam is available once every calendar year</td>
<td>$0</td>
<td>Every calendar year</td>
</tr>
<tr>
<td>Frames</td>
<td>$150 allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lenses</td>
<td>Single vision, lined bifocals or lined trifocals, plus tints, scratch resistant coatings, and Polycarbonate lenses are covered in full</td>
<td>$10</td>
<td></td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>$150 allowance (in lieu of eyeglass lenses)</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Contact Lens Exam</td>
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<td></td>
</tr>
<tr>
<td>Retinal Screening</td>
<td>An enhancement to your WellVision Exam®</td>
<td>$39</td>
<td></td>
</tr>
</tbody>
</table>

Please Note: You can also receive care outside the VSP network, but you’ll receive a lower level of benefits and be reimbursed up to a specified dollar amount. For details, check out the Vision Plan Comparison Chart on the Benefits Web Center.

**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 type of dependents you cover.

**Eligible Dependents**

You can cover the same eligible dependents under the Vision Plan as under the JPMorgan Chase Medical Plan (please see page 14).

**Get Preventive Care!**

We believe preventive care is so important that it’s covered 100% when you receive in-network care under the JPMorgan Chase Medical Plan, Dental Plan, and Vision Plan. Plus, you can earn MRA funds when you get certain preventive care services under the Medical Plan.
**Spending Accounts**

Spending accounts allow you to set aside before-tax money to help 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 (Transit/Parking).

**Health Care Spending Account**

You can generally contribute up to $2,500 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 and prescription drug deductibles, copayments, and coinsurance after your MRA funds are used;
- Costs for non-covered prescription drugs, such as non-sedating antihistamines (e.g., Clarinex, Allegra) with a prescription from your doctor;
- Dental deductibles and coinsurance not covered under any Dental Plan you may be enrolled in; and
- Eyeglasses and contact lenses for amounts not covered under any Vision Plan you may be enrolled in.

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

Your health care company will be the administrator of your Health Care Spending Account. If you waive medical coverage through JPMorgan Chase, ADP will administer your Health Care Spending Account.

**Coordinating Your MRA and Health Care Spending Account**

Keep in mind that you have to use all the funds in your MRA before you can use the money in your Health Care Spending Account for eligible out-of-pocket medical and prescription drug expenses. However, you can also use your Health Care Spending Account to reimburse yourself for eligible out-of-pocket dental and vision expenses, which are not eligible for reimbursement under the MRA.

Here’s a look at how your eligible expenses are paid from your MRA and Health Care Spending Account:

- Your MRA pays first for eligible out-of-pocket medical and prescription drug expenses.
- Your Health Care Spending Account pays for eligible out-of-pocket medical and prescription drug expenses after MRA funds are depleted.
- Your Health Care Spending Account pays for eligible out-of-pocket dental and vision care expenses, as well as over-the-counter medicines for which you have a prescription and all forms of insulin even if available without a prescription (cannot be paid by your MRA). Over-the-counter supplies are covered without a prescription.

For more details about how your eligible expenses are paid from your MRA and Health Care Spending Account, take a look at the **Differences Between MRA and HCSA Tip Sheet on My Health**.

A listing of eligible expenses under the Health Care Spending Account is available on your health care company’s website.

Keep in mind that how you choose to have your expenses paid through your Health Care Spending Account will be the same way you choose to have your expenses paid through your MRA: through automatic claim payment or debit card. See page 13 for details.
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, which is administered by ADP, 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 2013, the contribution limit was $2,400.

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 March 31 of the following year 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 disabled spouse; a tax-qualified disabled domestic partner; your dependent children, including the children of your domestic partner if they are your tax dependents, as well as parents 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 (Transit/Parking)

Under the JPMorgan Chase Transportation Spending Accounts, you pay for eligible commuter and/or parking expenses related to commuting to and from work 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. Limits for before-tax deductions for eligible transportation and parking expenses change from year to year. For information on 2014 before-tax limits, please go to My Rewards @ Work. 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, you may 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, NJ Transit Rail) 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 “Spending Accounts” section of the summary plan descriptions — Your Guide to Benefits at JPMorgan Chase — available at HR & Personal > Benefits & Services > My Benefits > Resources.

- **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.

Important Note for Metro-North Railroad and Long Island Railroad (LIRR) Commuters

If you live in the metro New York area and commute to work using either the Metro-North Railroad or Long Island Railroad, there are two steps you need to take when setting up your account:

1. First, set up a Mail & Ride Account through the [www.mta.info](http://www.mta.info) website.
2. Once you’ve set up your Mail & Ride Account, you can then set up your election by logging into the Transportation Spending Accounts Web Center. You can elect an amount up to the before-tax legal monthly limit or the full amount of your commuting cost. Your deductions will then be forwarded directly to the agency to pay for your ticket.

For more detailed information on this benefit, please refer to the “Spending Accounts” section of the summary plan descriptions — Your Guide to Benefits at JPMorgan Chase — available at HR & Personal > Benefits & Services > My Benefits > Resources.
**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 (TACC) 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. Keep in mind that if your TACC decreases to less than $60,000, you will be defaulted into the Company-paid 60% Option. The maximum monthly LTD benefit is $20,000 (which generally limits the benefit available to employees earning more than $400,000 per year if they elect the 60% Option and $480,000 per year if they elect the 50% Option).
- If you are newly eligible for coverage in 2014 and do not elect LTD coverage, you will be assigned No Coverage for the 2014 benefits plan year and will need to satisfy evidence of good health if you enroll in the future.

**Understand the Individual Disability Insurance (IDI) Enrollment Process**

Generally, if your TACC is more than $400,000, you are subject to the LTD Plan’s maximum coverage limits and can purchase additional LTD coverage under a fully portable Individual Disability Insurance (IDI) Policy insured by Unum (for which Covala is the administrative service provider). This would provide an additional maximum monthly long-term disability benefit of up to $15,000. If you are eligible for the IDI benefit, you will receive information separately.

**Important Details About Participation in the Long-Term Disability (LTD) 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.
- **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 after your initial election, 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.
- **Tobacco User Rates for Coverage:** Your tobacco user status will affect your contributions under the LTD Plan. For more information on tobacco user premiums, please see page 16.
- **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.

*You can complete an EOI form online through Prudential’s website (via the Benefits Web Center), which you can access through My Health. Just click “Enroll now.”

**Why LTD Coverage Is So Important**

If you become disabled, you may be eligible for Short-Term Disability benefits or for unpaid short-term disability leave for up to 26 weeks (including the one-week waiting period). If your disability continues beyond 26 weeks, LTD coverage can provide you with valuable income protection you may need for you and your family. LTD coverage also allows you to continue your JPMorgan Chase Medical Plan and certain other benefits coverage for up to 24 months after your LTD benefits effective date. When you receive LTD benefits, you can also continue participation in the Retirement Plan.

**Did You Know?**

Over 3.2 million working-age Americans have experienced a disabling injury or illness in 2013. If you do not enroll in the LTD Plan, do you have enough money saved to last 31.2 months, which is the average length of a long-term disability claim?† Now is the time to enroll for coverage under the LTD Plan and have peace of mind knowing that you have the financial security you need in case you become disabled.

†Source: Council for Disability Awareness, 2013
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.
Supplemental Life and Accident Insurance Plans

In addition to the Company-provided insurance described on the previous page, 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 supplemental life and accident insurance include:

- **Employee Supplemental Term Life Insurance**: You can purchase supplemental term life insurance on an after-tax basis 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 on an after-tax basis. You can buy coverage for your spouse/domestic partner from $10,000 to $300,000 (in $10,000 increments) subject to approval by Prudential, the insurance carrier. In addition, you can buy $5,000 or $10,000 in coverage for each dependent child through Prudential, the insurance carrier. **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 on an after-tax basis 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.

- **Dependent Accidental Death and Dismemberment (AD&D) Insurance**: You can purchase AD&D insurance for your eligible dependents on an after-tax basis. 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) as long as the child meets the eligibility requirements for dependent coverage. 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 $500,000 without having to submit EOI. 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-Tobacco User 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 16, if you and/or your covered spouse/domestic partner enroll as a non-tobacco user or complete an approved tobacco cessation course, you will pay lower, non-tobacco user rates for any supplemental term life insurance you elect. For more information on non-tobacco user rates under the Supplemental Term Life Insurance Plan, please see page 16.

- **Actively at Work**: You must be actively at work on the date your new or newly approved coverage takes effect.
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 has 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 refer to the summary plan descriptions — *Your Guide to Benefits at JPMorgan Chase* — available on HR & Personal > Benefits & Services > My Benefits > Resources.

- **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 Insurance 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.

- **Coverage Categories:** If you elect to enroll, the plan automatically covers you, your spouse/domestic partner, and all eligible dependent children.

- **Coverage Costs:** 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

- **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.

- **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 Group Legal Services

*Provided you don’t enroll in Medicare Part D

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 32 for the definition of total service.) Coverage is available on an access-only basis. Additional special criteria apply for individuals affected by a position elimination that qualifies for severance pay and related benefits, and for certain rehired employees who were part of heritage JPMorgan Chase. (See the As You Retire Guide for additional information. The Guide is available on HR & Personal > Benefits & Services > My 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 achieve your retirement goals, we offer meaningful retirement benefits — including the 401(k) Savings Plan, company-paid pension plan, and Employee Stock Purchase Plan — to help you build your retirement income.

401(k) Savings Plan

JPMorgan Chase believes that saving for retirement is important, and what better incentive to start saving than the dollar-for-dollar matching contribution offered to most employees. To take advantage of this benefit, begin by enrolling. It’s easy — whether you’re automatically enrolled or you enroll on your own. Beyond that step, you can make the most of the plan by saving and investing.

Enrolling

If you take no action to enroll within the first 31 days after your hire/eligibility date, you will be automatically enrolled at a before-tax contribution rate of 3% of eligible compensation (generally base salary). You may wish to consider whether this contribution rate will be enough to meet your financial goals, and if not, choose a contribution rate that suits your needs. Keep in mind that the plan offers two ways to save on a tax-advantaged basis.

Please Note: If you take no action to enroll within the 31-day grace period, your 3% before-tax contributions will be invested in a Target Date Fund based on your age and an assumed retirement age of 65. Your contributions will increase by 1% annually, up to a total contribution rate of 5%.

If you don’t want to be enrolled automatically, you can either enroll yourself or you can opt out of automatic enrollment via the 401(k) Savings Plan Call Center or Web Center prior to the end of your grace period.

Saving — Your Contributions

The plan offers the flexibility to contribute up to 50% of eligible compensation (generally base salary) on a before-tax and/or Roth basis, subject to IRS legal limits.

- **Before-tax contributions** allow you to contribute to the plan before federal and, in many cases, state and local taxes are withheld, which may help you lower your taxable income.

- **Roth contributions**, which are made after federal, state, and local taxes are withheld and do not lower your current taxable income, may be right for you if you think your taxes may be higher in retirement or at the time you take a withdrawal. However, Roth contributions and any associated earnings can be withdrawn tax-free, assuming certain requirements are met.

In addition to, or instead of, your per-pay-period deductions, you also have the ability to contribute to the 401(k) Savings Plan from the cash portion of any annual incentive compensation* award you receive. If eligible, you can contribute up to 50% of the cash portion of any annual incentive compensation on a before-tax and/or Roth basis, subject to IRS legal limits.

*Annual incentive compensation is awarded at the discretion of the firm; your election under the 401(k) Savings Plan to defer all or a portion of the cash component of such an award is not a guarantee or promise that you will receive an annual incentive compensation award for any performance year.
**Saving — JPMorgan Chase Matching Contributions**

JPMorgan Chase offers most employees who complete one year of service the opportunity to boost their contributions with a dollar-for-dollar matching contribution up to 5% of eligible compensation (generally base salary) that you contribute to the 401(k) Savings Plan. You will become 100% vested in (meaning you have a non-forfeitable right to) the value of any matching contributions you receive after completing three years of total service. Matching contributions are calculated and credited annually following the end of the calendar year. To be eligible to receive the annual matching contributions for a given year, you generally need to be employed as of December 31 that year. **Please Note:** Employees whose Total Annual Cash Compensation is $250,000 or more are not eligible to receive matching contributions.

**Investing**

The plan offers two ways to invest to give you flexibility to choose how you make your investment decisions — 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 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 Core Funds.

To learn more about the Plan’s investment options, visit the 401(k) Savings Plan Web Center. You can find detailed fund information, including fund performance, fund fact sheets, and prospectuses for the common stock fund and those funds with underlying mutual funds. You will also find the Investment Fund Profiles brochure, which explains the investment risks and strategies for each investment option within the Plan and provides a glossary of important investment terms. To receive paper copies of the information provided online, free of charge, please call the 401(k) Savings Plan Call Center.

*Past performance does not guarantee how any investment will perform in the future. The Plan’s investment funds are not deposits or obligations of — nor guaranteed by — JPMorgan Chase & Co., JPMorgan Chase Bank, N.A. (or any of their subsidiaries). Nor are they insured by the Federal Deposit Insurance Corporation (FDIC) or any other governmental agency. Investments in the funds involve risks, including the possible loss of principal. Therefore, it’s important that you make informed investment decisions only after carefully reading all Plan information (including the mutual fund prospectuses). You may also want to consult a financial planner regarding an investment strategy that’s right for you.*

**Personalized Planning Tool**

Once you join the 401(k) Savings Plan, you’ll have access to Retirement Dream Machine — a valuable, online retirement planning tool, 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.

*Retirement Dream Machine is an investment education tool offered by J.P. Morgan Retirement Plan Services pursuant to the Department of Labor’s Interpretive Bulletin 96-1.*
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. 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 (generally base pay) depending on your completed years of “pay credit service” as shown in the chart below:

<table>
<thead>
<tr>
<th>COMPLETED YEARS OF “PAY CREDIT SERVICE”</th>
<th>PAY CREDIT PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–9</td>
<td>3%</td>
</tr>
<tr>
<td>10–19</td>
<td>4%</td>
</tr>
<tr>
<td>20 or more</td>
<td>5%</td>
</tr>
</tbody>
</table>

- **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 it 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 — provided that you are a U.S. benefits-eligible employee and you were hired on or before September 30 and your Total Annual Cash Compensation is less than $250,000. (For the definition of Total Annual Cash Compensation, please see page 32.)

- **Payroll Deductions:** Contributions are deducted on an after-tax basis from each paycheck based on your election of up to 20% of your eligible compensation per pay period. In addition, contributions are subject to a legal annual maximum share purchase of $25,000 divided by the fair market value of JPMorgan Chase common stock on the first trading day of the year (including reinvested dividends).

- **Purchase Dates:** Purchases take place on the last day of March, June, September, and December on which trading in JPMorgan Chase common stock is conducted on the New York Stock Exchange.

- **5% Discount and No Broker Fees:** Your payroll deductions are used to purchase JPMorgan Chase common stock at a 5% discount without brokerage commissions or fees.

- **Dividends:** Active employees participating in the plan have the option to either have dividends reinvested in the plan at the 5% discounted rate or paid in cash. New participants will automatically have their dividends reinvested.

- **Understand the Risks:** Participation in the Employee Stock Purchase Plan is optional and does carry risk, including potential loss of your investment due to market fluctuations. You decide whether or not to participate in the plan and the level of your participation. Before you elect to participate, carefully read the Employee Stock Purchase Plan Prospectus (HR & Personal > Benefits & Services > My Benefits > Resources) for additional information on the rewards and risks of participation.

This document constitutes part of a prospectus covering securities that have been registered under the Securities Act of 1933.

**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
- Back-Up Child Care
- Business Resource Groups
- Career Management
- Disability Leave Policy (Short-Term Disability)
- Elder and Adult Care Program
- Emergency Financial Assistance
- Flexible Work Options
- Lactation Support
- Matching Gifts Program
- 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.

**Employee Financial Services**

Employees are eligible for special savings and discounts on a variety of JPMorgan Chase financial products, such as checking and savings accounts, mortgages and home equity loans, and more. Military service personnel qualify for even more benefits. For more information, please go to the Employee Financial Services website.

**Employee Discount Programs**

As an active employee, you can also take advantage of discounts on:

- Arts and cultural events
- Fitness programs and equipment
- Full-time child care
- Travel

For more discount programs and further details, go to HR & Personal.
Important Definitions

Throughout this brochure, there are references to terms such as “Annual Incentive Compensation,” “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.

Annual Incentive Compensation

For the purpose of making an election to contribute to the 401(k) Savings Plan, Annual Incentive Compensation means the cash component of the incentive compensation award for a performance year under the Company’s Performance-Based Incentive Plan.

Eligible Compensation

Generally your annual base salary plus applicable job differential pay (e.g., shift pay). It does not include any annual bonus, 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 & Services > My 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 bonus, 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, coinsurance maximum, 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, Total Annual Cash Compensation will be equal to base salary plus job differentials in the year of hire. Your Total Annual Cash Compensation will be available on the Benefits Web Center via My Health. Separate definitions may apply to employees in certain sales positions who are paid on a draw-and-commission basis. If this applies to you, you will be notified in writing.

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.
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 or any prehire 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. You cannot change your health care company or payment method during the year even if you have a qualified status change. 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 and coinsurance provisions. For more information, please contact your health care company.

- **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 make available 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 access a copy of this notice on My Health.

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### Your Privacy Is Important

The privacy of your health information is important to you and to JPMorgan Chase. We are committed to ensuring your personally identifiable health information is protected and secure, and that our practices comply with privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA). This means that when you complete a Wellness Screening or a Wellness Assessment, participate in any health coaching activities through your health care company, or receive health care treatment of any kind, your personal health information is not disclosed to anyone, including to JPMorgan Chase, without your authorization and except as permitted by HIPAA.

### Wellness Screenings

If you decide to have a Wellness Screening, your screening results will be uploaded by your health care company — Cigna or UnitedHealthcare — on to your Wellness Assessment and your medical records on a secure site that only you can access. A medical professional at your health care company will review the results and may contact you to discuss ways to improve your health. You will also receive $300 in Initial Wellness Funds to your Medical Reimbursement Account (MRA) for having a screening during 2014.*

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### JPMorgan Chase Health & Wellness Centers

While the JPMorgan Chase Health & Wellness Centers are staffed with nurses who are employed by JPMorgan Chase, they are medical professionals and do not disclose your personally identifiable health information to anyone outside the Center without your permission. If you choose to visit one of our onsite Health & Wellness Centers, and/or share your screening results or any other health information with staff in the Centers, that information will be kept private and will not be shared with management, Human Resources, or any other individual or group within JPMorgan Chase without your permission.

*Please Note: If you waive coverage in the JPMorgan Chase Medical Plan, you are eligible to receive Wellness Funds loaded on to a debit card for completing certain activities such as a Wellness Screening and Wellness Assessment. If you choose to participate in these programs and receive these Funds, JPMorgan Chase will designate a third party to administer the program (currently Cigna). Similar to the description above, if you choose to participate in the Wellness Activities, no personally identifiable health information will be shared with 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:

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical, Dental, and Vision Plans</td>
<td>You and your dependents will be assigned the same coverage you had prior to your termination date.</td>
</tr>
<tr>
<td>Health Care Spending Account</td>
<td>Your previously elected annual contribution amount will be reinstated and prorated accordingly for the balance of the plan year.</td>
</tr>
<tr>
<td>Child/Elder Care Spending Account</td>
<td>Your previously elected annual contribution amount will be reinstated and prorated accordingly for the balance of the plan year.</td>
</tr>
<tr>
<td>Transportation Spending Accounts (Transit/Parking)</td>
<td>There are no reinstatement provisions for these accounts. You will need to make a new enrollment election.</td>
</tr>
</tbody>
</table>
| Long-Term Disability (LTD) Plan                   | You will be assigned the coverage level you had prior to your termination date. 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.  
Please Note: The 12 months of coverage will be reviewed based on the date you were reinstated. |
| 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. |
| 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 contribution rate and investment elections (if any) will be reinstated as of your first pay period. |

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 My Health.
- If you are rehired after 31 days of your termination date, you will need to make new benefits elections for most plans in 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).