

COVID-19 BENEFITS RELATED INFORMATION FOR U.S. EMPLOYEES

July 16, 2020

**COVID-19 TESTING OPTIONS
(EXCLUDING THOSE AVAILABLE THROUGH THE U.S. MEDICAL PLAN)**

- **At-home COVID-19 diagnostic (virus) testing availability:**
 - For all U.S. benefits eligible employees, and eligible spouses / domestic partners (i.e. those enrolled in the U.S. Medical Plan), who are exhibiting COVID-19 symptoms, the firm provides free at-home diagnostic (virus) tests if you do not have access to diagnostic testing options via your health care provider or in your community, or you prefer to take a test at home.
 - This Quest Self-Collection Diagnostic Testing Kit, which uses a nasal swab, is available by calling **888-606-3199**; 8 a.m. to 8 p.m. ET, Mon. – Fri.; 8:30 a.m. to 5 p.m. ET Sat.; closed Sun.
- **Timing to receive your at-home COVID-19 diagnostic test kit:**
 - You should contact Quest **before** 3 p.m. ET to ensure your Quest Self-Collection Diagnostic Testing Kit will be shipped the following day (e.g. an order placed Monday before 3 p.m. ET will ship on Tuesday and arrive at your home on Wednesday).

Order placed by 3 p.m. ET	Testing Kit Delivery
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday(possibly Saturday)
Friday	Tuesday
Saturday	Tuesday
Sunday	N/A (Quest closed)

- **Timing to receive at-home COVID-19 diagnostic testing results:**
 - You will receive your COVID-19 test results 10-12 days after the date you order the Quest Self-Collection Diagnostic Testing Kit. Please note that this is subject to change given the current demand for COVID-19 testing.
 - Please note, it may take 12-14 days if you order the kit after 3 p.m. ET on a Friday.
 - It is important to note that you will likely be able to get results more quickly by seeking diagnostic testing options via your health care provider or in your community.
- **How does the at-home COVID-19 diagnostic testing process work?**
 - When you (or your eligible spouse / domestic partner) call to request the Quest Self-Collection Diagnostic Testing Kit, you will be asked about your symptoms and will be directed to schedule a virtual appointment with a health care provider after you receive the kit.
 - The test kit will be sent via overnight FedEx delivery and will arrive 1-3 days after your order it (see chart above).
 - During your virtual appointment, the health care provider will guide you through the self-administered test so that you can obtain an accurate specimen.
 - You will then send the test kit via FedEx to Quest for processing.
 - Test results will be available 7 or more days from when Quest receives your completed test kit. Please note that this is subject to change given the current demand for COVID-19 testing.
 - If your results are positive, you will receive a phone call from a board-certified physician.

- If your results are negative, you will receive an email noting that your results are available on the Quest website.
- Test results for employees will be reported back to Health Services at JPMorgan Chase, so you will not need to call with your results.

Frequently Asked Questions

1. How can I order an at-home COVID-19 diagnostic test for my eligible spouse/domestic partner?

The Quest Self-Collection Diagnostic Testing Kit is available by calling 888-606-3199. Your eligible spouse/domestic partner must call themselves as they will be required to complete their own HIPAA authorization.

2. What should I do if my spouse/domestic partner tests positive for COVID-19?

If your spouse/domestic partner tests positive for COVID-19, you are responsible for opening a case on the [COVID-19 Employee Inquiry Portal](#).

3. Is the Quest Self-Collection Diagnostic Testing Kit available in every state?

The tests are available in every state except Alaska and Hawaii.

4. How can I find COVID-19 testing site near me?

If you do not want to wait 10-12 days for the results of the at-home COVID-19 Quest Self-Collection Diagnostic Testing Kit, use the COVID-19 testing locators below to find a testing site near you.

- CVS Pharmacy offers drive thru test sites at over 1,400 CVS locations in the U.S.
 - To locate a site near you: <https://cvshealth.com/covid-19/testing-locations>
 - Patients must be exhibiting COVID-19 symptoms, must register and schedule an appointment in advance at [CVS.com](https://cvs.com)
 - Tests will be sent to an independent, third-party lab for processing and results will be available in approximately three days.
 - For those enrolled in the JPMC U.S. Medical Plan, COVID-19 testing at CVS is covered at 100%.
- Other COVID-19 testing centers
 - Cigna has a national directory of testing centers available at : <https://hcpdirectory.cigna.com/web/public/consumer/directory/covid-testing-sites> or by going directly to cigna.com > Coronavirus Resource Center > Find a COVID-19 Testing Center.
 - For those enrolled in the JPMC U.S. Medical Plan, COVID-19 testing is covered at 100%.

5. Will the firm offer antibody testing to employees outside of the U.S. Medical Plan?

At this time, there is not enough scientific evidence about immunity resulting from the presence of antibodies. We will continue to monitor this space for updates, but at this time we will not be offering antibody testing to employees. Note that FDA approved or FDA Emergency Use Authorization antibody testing is covered at 100% under the U.S. Medical Plan.

6. Who should I call with questions?

Contact HR Answers at 1-877-JPMChase (1-877-576-2427) or 1-212-552-5100 if calling from outside the United States; 8 a.m. to 7 p.m. ET, Mon. – Fri.

MEDICAL PLAN

- **Coverage of COVID-19 testing:** If you are enrolled in the U.S. Medical Plan and your medical provider prescribes or administers a COVID-19 diagnostic test that is FDA approved or has FDA Emergency Use Authorization (including at home diagnostic (virus) testing and antibody testing), the Medical Plan will cover 100% of the cost of the test, as well as the costs associated with the administration of the test (i.e., the cost of the office visit with your primary care doctor who administered the test). If you are unsure of the FDA approval status of the test you are contemplating, we strongly encourage you to discuss this with your provider or your health care company (Aetna or Cigna).
- **Virtual Doctor Visits:** As a reminder, if you have other minor ailments such as an ear infection, pink eye, rash, or urinary tract infection, you don't need to go to a doctor's office or urgent care center and potentially expose yourself to other illnesses while sitting in a waiting room thanks to Virtual Doctor Visits. You can connect with a doctor in minutes – anytime, anywhere – using a smartphone, phone, tablet or computer. Doctors can make diagnoses, provide advice and call in prescriptions to your local pharmacy.
- **Behavioral Health Virtual Doctor Visits:** Virtual doctor visits through Aetna (in partnership with Teladoc) and Cigna (partnership with MDLive) now include visits with behavioral health providers.

Frequently Asked Questions

1. I'm not currently enrolled in the JPMC Medical Plan. Given the current COVID-19 situation, can I enroll in the JPMC Medical Plan now?

You may only enroll in the JPMC Medical Plan during the Annual Enrollment period in the fall or if you have a qualified status change.

Annual Benefits Enrollment is generally the only time you can enroll in or make changes to your benefits during the year, unless you experience a qualified family status change (such as marriage, divorce, the birth or adoption of a child), certain types of moves (into or out of a plan's service area), work status change (such as an adjustment to your regularly scheduled work hours that results in a change to your eligibility for benefits) or loss of other health care coverage. Any resulting coverage changes must generally be made within 31 days after the date of the event (90 days if the qualifying event is the birth or adoption of a child); however the IRS has extended certain deadlines due to COVID-19. Please call HR Answers for more information about deadlines in effect.

2. I'm currently enrolled in the JPMorgan Chase Medical Plan and my infertility/fertility treatment was stopped mid-cycle because of the COVID-19 outbreak. Will the charges I incurred for this partial treatment cycle under the (Medical/Rx/WIN Fertility) plans still count towards my Lifetime Maximum?

If your current infertility or fertility treatment cycle was stopped mid-cycle as a result of the COVID-19 pandemic, the plan may credit the amounts paid towards your infertility or fertility lifetime maximum (LTM) that were associated with an incomplete treatment cycle. For example, if the interrupted treatment cycle resulted in \$2,000 of prescription drug costs and \$5,000 in incurred medical claims you may be eligible for the plan(s) to credit these amounts to the prescription and medical LTMs. Please note, any out of pocket medical or prescription drug expenses (e.g. copay and/or coinsurance) paid for these services will not be refunded.

If you think this situation applies to you, please contact your health care company (Aetna, Cigna, CVS/Caremark and/or WINFertility) and they will work with you to adjust the amounts paid towards your LTMs.

3. Who should I call with questions?

You should call your health care company. Aetna's toll-free number is 800-468-1266, 8 a.m. to 8 p.m., all times zones, Mon.-Fri. Cigna's toll-free number is 800-790-3086 and is available 24/7. For fertility benefit questions, please contact WINFertility at 833-439-1517, 9 a.m. to 7:30 p.m. Eastern, Mon.-Fri. You may also contact HR Answers at 1-877-JPMChase (1-877-576-2427) or 1-212-552-5100 if calling from outside the United States; 8 a.m. to 7 p.m. ET, Mon. – Fri.

PRESCRIPTION DRUG PLAN**1. Should I take special precautions with refilling my prescription drugs?**

It is always recommended to fill your maintenance medications timely for 90-day supplies. Maintenance drugs are long-term medications, such as those taken for chronic conditions like diabetes and high cholesterol. You can obtain 90-day supplies of maintenance drugs through either CVS Caremark mail service or by picking them up at a CVS pharmacy through the Maintenance Choice Program. If you would prefer to obtain long-term medications in either a 30- or 90-day supply through any network pharmacy, you may do so but must first call CVS Caremark to opt out of the Maintenance Choice Program.

2. What if I obtain my maintenance medications in 30-day supplies at a retail pharmacy and would like to refill early?

CVS Caremark, the administrator of the prescription drug plan, is temporarily waiving early refill limits on 30-day prescriptions for maintenance medications at any in-network pharmacy. This will allow you to fill your prescriptions ahead of their normal refill schedule to ensure an adequate supply of medication on hand.

3. What if I am unable to pick up my drugs at my local pharmacy?

Maintenance medications can be obtained through CVS Caremark mail service which will ship your medications to you at no delivery cost. Additionally, if you fill your medications through a CVS Retail Pharmacy location, CVS Pharmacy will waive charges for home delivery of all prescription medications.

4. I would like to have the prescriptions I fill at a CVS Retail Pharmacy delivered. Do all CVS locations offer delivery and are there any restrictions?

One to two-day delivery is available at almost all CVS Pharmacy locations. You can only request to have a prescription delivered when it has been filled and is ready for pickup. In order you request delivery, you can call the store, select a delivery option within the CVS Pharmacy app or through a link via an "order ready" text message. Please note that controlled substances and medications that require refrigeration cannot be delivered to most locations at this time from a CVS Retail Pharmacy. Other drug exclusions may apply.

5. When will a CVS Retail Pharmacy delivery arrive?

If you select one to two-day delivery and place your order:

- By 3 p.m. Monday through Thursday: Delivery within one to two days
- By 3 p.m. Friday: Delivery by Monday
- By 2 p.m. Saturday: Delivery by Tuesday
- After 2 p.m. Saturday through Sunday: Delivery by Wednesday. No deliveries on Sunday or courier holidays.

- If you select on-demand delivery within hours, you'll receive your delivery within four hours. Orders must be submitted four hours prior to store closing to receive delivery the same day as order placement.
- For customers in Manhattan, orders must be placed by 11 a.m. for delivery by 4 p.m. and by 4 p.m. for delivery by 8 p.m.
- Delivery may not be available on certain courier holidays.

Please note: If you requested one to two-day delivery, you don't need to be home and the delivery will be left in your mailbox or at a safe place at your delivery address. If no safe location is available, the package will be held at the local post office for up to 15 days, and you will need to either call for a redelivery or pick up the package at the post office. After 15 days, prescription orders will be returned to the pharmacy, and you will have to call the pharmacy to have the prescription refilled. If you requested on-demand delivery or same-day delivery, you must be home to receive the delivery. If someone isn't home, the courier will return your prescription order to the pharmacy. Additional delivery fees may apply to redelivery.

6. Do I need to provide a signature or identification to receive my delivery from a CVS Retail Pharmacy?

Only if you elect same-day delivery in Manhattan will you be required to sign for delivery. In some cases, ID will also be required.

7. Does the prescription drug plan cover the cost of prescription drugs prescribed related to COVID-19?

No, at this time, there are currently no Food and Drug Administration (FDA) approved drugs for the prevention or treatment of COVID-19. Drugs prescribed for the signs and symptoms of COVID-19 and processed through the prescription drug plan are subject to standard coinsurance or copay.

8. Who should I call with questions?

CVS Caremark Customer Care can answer further questions. The toll free number is 866-209-6093 and is available 24/7.

DENTAL PLAN

1. I have an upcoming dental appointment for my regularly scheduled cleaning or other non-urgent procedure, should I postpone the visit?

Certain dental offices are resuming routine and elective procedures, based upon state specific guidance. For additional information, please contact your Primary Care Dentist (PCD) to determine how and when they will resume non-emergency dental care. (Applicable to Orthodontic care as well)

2. If I have an urgent concern or need emergency dental care, who should I contact?

In the event of an emergency, we suggest contacting your dentist to help guide your service and care options. If your dental office is closed, please contact your Dental Carrier (Aetna, Cigna or MetLife) to assist you in locating a nearby available provider.

3. Can you provide some examples of emergency dental care?

The ADA defines emergency dental care as potentially life threatening, requiring immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection, to include:

- Uncontrolled bleeding

- Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that could potentially compromise the patient's airway
- Trauma involving facial bones, potentially compromising the patient's airway

All other services would be considered less urgent and we suggest that you contact your dentist to determine care that is best for your particular situation.

4. I'm enrolled in the dental HMO plan and typically need referrals from my PCD in order to see anyone else. If my PCD's office is closed, do I still need a referral to get emergency care?

Typically, a referral would be necessary to see another dental provider if you're enrolled in a dental HMO. We've received the following guidance from your Dental Carrier (Aetna and Cigna):

- **Aetna DMO:** If you can't reach your dentist or don't not have a PCD, Aetna's customer service representatives will work with you to address any urgent care need.
- **Cigna DHMO:** Cigna will cover emergency care on the DHMO, including OON for the DHMO plan. Referrals are not required. In addition, Cigna will honor any emergency claim in-network or out-of-network. Of course, in-network use is still encouraged if at all possible.

5. I'm enrolled in Cigna Dental, are there any virtual options available to me?

Yes, Cigna is offering no-cost, virtual dental consultations to members enrolled in Cigna DHMO from May 1, 2020 – July 31, 2020. You can access services by logging into your MyCigna account, go to Virtual Dental Consultations and select 'Talk to a Dentist'. Please note, you cannot access virtual dentistry from the Cigna mobile app.

6. Can you share additional details about the virtual dentistry services offered to Cigna DHMO members through July 31, 2020?

Cigna DHMO members can live video-chat with a board-certified dentist, 24/7 and assist members with dental pain, oral sores, swelling and infections. Members can also ask questions about broken or sensitive teeth. Should a prescription be necessary, you can select a pharmacy and your prescription will be sent.

7. If I have further questions, how do I contact my Dental Carrier?

Members with further questions should contact their Dental Carrier directly.

Aetna Dental Maintenance Organization (DMO)

- Phone: (800) 741-4781
- Hours of Operation: 8 a.m. to 6 p.m., Eastern Time, Monday – Friday
- Website: My Health > [Dental, Vision and Other Insurance](#) > Go to Dental Site or www.aetna.com

Cigna Dental Health Maintenance Organization (DHMO)

- Phone: (800) 790-3086
- Hours of Operation: 24/7
- Website: My Health > [Dental, Vision and Other Insurance](#) > Go to Dental Site or mycigna.com

MetLife Preferred Dentist Program (PDP)

- Phone: (800) 673-9582
- Hours of Operation: 8 a.m. to 11 p.m., Eastern Time, Monday – Friday
- Website: My Health > [Dental, Vision and Other Insurance](#) > Go to Dental Site or <https://mybenefits.metlife.com>

VISION PLAN**1. I have an upcoming appointment for my regularly scheduled eye exam, should I postpone the visit?**

Certain vision providers are resuming treatment and regularly scheduled eye exams, based upon state specific guidance. For additional information, please contact your vision care provider to determine how and when they will resume office visits.

2. Who should I contact if I need replacement contact lenses or have broken or lost my glasses?

Should you lose or break your glasses or require replacement contact lenses, we are encouraging members to utilize online, in-network options, including [Glasses.com](https://www.glasses.com), ContactsDirect, [Ray-Ban.com](https://www.ray-ban.com), [LensCrafters.com](https://www.lenscrafters.com), and [TargetOptical.com](https://www.targetoptical.com). Your benefits are applied on these sites during checkout and your glasses or contact lenses are mailed right to your home. Understanding the circumstances, many of these online providers are offering free, expedited shipping and no-cost returns for extra convenience. *Check with online providers to verify available offers.

3. If I have an urgent vision concern or need emergency care, who should I contact?

In the event of an emergency, we suggest contacting your vision care specialist to help guide your service and care options. If your provider's office is closed, please contact EyeMed to assist you in locating a nearby provider.

4. If I have further questions, how do I contact EyeMed?

Members with additional questions should contact EyeMed directly.

EyeMed Vision Care

- Phone: (833) 279-4363
 - Hours of Operation: 7:30 a.m. to 11 p.m., Eastern Time, Monday – Saturday, 11 a.m. to 8 p.m., Eastern Time, Sunday
- Website: My Health > [Dental, Vision and Other Insurance](#) > Go to Vision Site or <https://www.eyemedvisioncare.com/jpmc/>

DEPENDENT CARE SPENDING ACCOUNT (DCSA)**1. Can I stop or change my contributions to the DCSA if my child care center is closed or for other changes to my child care needs?**

Yes, you can stop or change your DCSA contributions if your dependent care costs significantly change or it becomes necessary to change caregivers. You can make this change by contacting HR Answers.

Note: The ability to make changes beyond 31 days of a qualified status change have been extended but the end of the extension is not yet determined. Once an exact date is determined, we will update this information

2. Will I have more time to use the DCSA contributions I've made to date since my child care needs/arrangements have changed?

The DCSA contributions you've made to date can be used to pay for eligible dependent care expenses received through that date. For example, if you contribute to the DCSA from January 1 through March 31, only expenses with service dates from January 1 – March 31 are eligible for reimbursement. You have until March 31, 2021 to file for reimbursement of your 2020 claims.

3. What if I stop my contributions to the DCSA and resume participation later in the year?

Currently, if you stop your DCSA contributions, you can start contributing again. Contributions will not start up automatically; you must re-enroll. If you re-enroll in 2020, the contributions you make during this second period can only be used for expenses with service dates within this period. For example, if you re-enroll and make contributions from June 1 to Dec. 31, 2020, only claims with service dates between June 1 – Dec. 31, 2020 are eligible for reimbursement from these contributions.

All 2020 claims for reimbursement must be filed by March 31, 2021.

4 What is the deadline for submitting DCSA claims for expenses I had in 2019?

If you have an unused balance in your 2019 DCSA, the deadline to submit eligible 2019 DCSA claims (previously March 31, 2020) has been extended due to the COVID-19 pandemic. We are extending the deadline to the earlier of 60 days following the end of the COVID-19 pandemic outbreak period, or December 31, 2020. Please submit all eligible 2019 DCSA claims to your 2020 JPMC Medical Plan carrier – Aetna or Cigna. If you don't participate in a JPMC Medical Plan Option, your DCSA Administrator is Cigna. Once an exact 2019 claims DCSA filing deadline has been determined, we will update this information.

You can find all the claims forms:

From My Health:

My Health > Medical, Rx, MRA & Spending Accounts > Claims Forms
or

For Cigna:

My Health > My Medical Plan Website > Claims > Forms Center
or

For Aetna:

My Health > My Medical Plan Website > Documents & Forms

HEALTH CARE SPENDING ACCOUNT (HCSA)

1. Are over-the-counter (OTC) items eligible for reimbursement under the HCSA?

Yes, OTC items **with** a prescription have been eligible expenses for reimbursement under the HCSA. In addition, as a result of the CARES Act, OTC items **without** a prescription are also eligible for reimbursement under the HCSA. Under the CARES Act all menstrual care products (including tampons, pads, liners, cups, sponges, or similar products for menstruation) can also be reimbursed under the HCSA. These changes are retroactive to January 1, 2020. You can submit your claims for reimbursement to your health care company – Aetna (via PayFlex) or Cigna. If you do not participate in the JPMC Medical Plan, then Cigna is your HCSA Administrator.

Please Note: Your debit card may not immediately work for many of these purchases. In the very near term, you may want to purchase these items with another form of payment and submit a claim form along with an itemized receipt for reimbursement.

2. What is the deadline for submitting HCSA claims for expenses I had in 2019?

If you have an unused balance in your 2019 HCSA, the deadline to submit eligible 2019 HCSA claims (previously March 31, 2020) has been extended due to the COVID-19 pandemic. We are extending the deadline to the earlier of 60 days following the end of the COVID-19 pandemic

outbreak period, or December 31, 2020. Please submit all eligible 2019 HCSA claims to your 2020 JPMC Medical Plan carrier – Aetna or Cigna. If you don't participate in a JPMC Medical Plan Option, your HCSA Administrator is Cigna. Once an exact date 2019 HCSA claims filing deadline has been determined, we will update this information.

You can find all the claims forms:

From My Health:

My Health > Medical, Rx, MRA & Spending Accounts > Claims Forms

or

For Cigna

My Health > My Medical Plan Website > Claims > Forms Center

or

For Aetna

My Health > My Medical Plan Website > Documents & Forms

TRANSPORTATION SPENDING ACCOUNT (TSA)

1. I am no longer commuting to work. What is the deadline for making changes to my transportation spending account elections?

If you would like to make changes to your commuter orders for any given month, you must do so **by the first of the prior month**. For example, if you change or stop your contributions on or before May 1, no deductions will be taken from your May pay and you will not receive your commuter order for June.

2. What if I am unable to use my pass?

Generally, when commuter orders are fulfilled by the various transit agencies, they are considered complete once issued. However, there are many agencies that have provided relief at times of disaster in the past. We would hope the same will hold true under the current circumstances.

You may find the following information helpful:

- **Commuter Card participants**

- Don't worry about the balance on your WageWorks (HealthEquity) commuter card. It will remain on your card until depleted.
- If your commuting patterns have changed, you can cancel or change the load amounts on the cards so they don't build up a high balance. (See Q1 for timing on making changes).

- **Transit Pass elections:**

- WageWorks (Health Equity) partners with all major transit agencies in the United States and fulfills passes for the vast majority of employees who commute to and from work. The various transit agencies all have differing refund requirements so WageWorks' (Health Equity's) policy mirrors those same requirements. Participants should be aware of and adhere to what is needed to process refunds should the opportunity arise (i.e., hold onto existing pass, receipts, etc.)
- WageWorks (Health Equity) has already reached out to the agencies that do not have a refund policy to identify if they are willing to make concessions for participants who are now working from home as a result of COVID-19.

- **Parking Providers:**

- If a parking provider returns the funds because the participant did not use the facility, WageWorks (Health Equity) will credit these funds back to the participant's account to offset a future purchase.

Please access the WageWorks (Health Equity) microsite [Coronavirus Commuter Communication \(the URL is https://www.wageworks.com/coronavirus-commuter-communication/\)](https://www.wageworks.com/coronavirus-commuter-communication/). You can also access the microsite from the WageWorks (Health Equity) main site, which is accessible via My Rewards. Check back regularly as this situation is fluid and the microsite will reflect all policy updates in real time. We will separately work to provide updates as we receive them via this FAQ.

If relief is being offered by a provider, please follow the directions on the microsite to process refunds, etc.

3. Is the federal/state/local government doing anything to help commuters incurring unnecessary expenses?

We continue to review any guidance from the IRS that may help participants through this time.

PAYMENT DUE DATE EXTENDED

FOR THOSE ON AN UNPAID LEAVE OF ABSENCE, COBRA PARTICIPANT OR RETIREE BILLED MONTHLY FOR JPMC BENEFITS

The due date of your monthly payment for your coverage in the JPMC health care and insurance plans has been extended by 60 days. Therefore, your April payment, normally due April 1, will be due June 1. Your next invoice should reflect this extended payment due date. Watch for future updates.

DEPENDENT VERIFICATION

If you have been notified that you must provide documentation proving your dependent meets the company's [Dependent Eligibility Requirements](#) to maintain their benefits coverage, your deadline has been extended by an additional 60 days. If you do not provide appropriate documentation by the extended deadline printed on your dependent verification notice, your unverified dependent will be dropped from coverage.

For the present time, JPMC will suspend any future requests for dependent verification.

GROUP LEGAL

1. I'm not enrolled in Group Legal benefits but would like assistance reviewing legal documents. What resources are available to me?

If you're not enrolled in Group Legal benefits – no problem. MetLife Legal Plans is offering document review and consultation services April 16, 2020 - July 31, 2020, at no cost to you. You can contact Network Attorneys to get answers to questions related to legal issues you may be facing as well as have attorneys review legal documents.

2. Can you explain in more detail the types of Legal services I can access free of charge through July 31, 2020?

MetLife Network Attorneys are able to provide advice and consultations for many issues that you may face, including:

- Reviewing or answering questions about healthcare proxies or other estate planning documents
- Reviewing documents for refinancing your home or personal insurance forms
- Answering elder law questions for caregivers

You also have access to MetLife's self-help document library to complete wills, living wills and power of attorney documents. You can access the library by visiting info.legalplans.com and entering access code **9790010** and clicking on "Self-Help Document" in the "Covered Services" tab.

3. If I have further questions, who do I contact?

If you have questions or need further assistance, you can contact MetLife Legal Plans directly.

Customer Service Center

- Phone:(800) 821-6400
- Hours of Operation: Monday through Friday 8am – 8pm EST.

Please have the following information handy:

- Employer – JPMorgan Chase & Co.
- Last four digits of you Social Security Number
- Indicate you are interested in document review and consultation services being offered as part of the Disaster Relief Plan

JPMORGAN CHASE 401(K) SAVINGS PLAN Coronavirus-Related Loans and Withdrawals Frequently Asked Questions

As a result of the coronavirus outbreak, there are now additional options available to you to access money in your 401(k) Savings Plan (401(k) Plan) account **if you have suffered adverse financial effects related to the pandemic and meet eligibility criteria** (as defined by Coronavirus Aid, Relief and Economic Security (CARES) Act).

Effective March 27, 2020, you can take a loan of up to the lesser of \$100,000 or 100% of your vested 401(k) Plan account balance, and you can suspend loan repayments for a new or existing loan through December 31, 2020.¹ You also have the ability to take a hardship withdrawal from the 401(k) Plan that is exempt from the normal 10% early withdrawal penalty and repayable within three years.

Note: Investments are volatile these days, and any loan or withdrawal from your 401(k) Plan account could adversely impact your retirement readiness. If you're considering taking a coronavirus-related loan or withdrawal, please consider first consulting your personal financial advisor.

¹Or such other deadline provided by the IRS. Certain provisions apply. Please see FAQs under Loans.

General

1. I am experiencing financial difficulty. Can I take a coronavirus-related loan or withdrawal?

To qualify for a coronavirus-related loan or withdrawal, you must meet the eligibility criteria outlined in the upper right callout box on this page.

2. My spouse recently lost a job due to the coronavirus. Do I qualify for a coronavirus-related loan or withdrawal?

No, but you may be eligible to take advantage of a general purpose loan or standard hardship withdrawal. Please visit the 401(k) Plan Web Center or contact the 401(k) Plan Call Center for more information.

Loans

1. How can I request a coronavirus-related loan from my 401(k) Plan account?

Please contact the 401(k) Plan Call Center, which will provide you with the necessary form(s) to certify your eligibility in writing and submit your request.

2. What is the maximum amount I can take as a coronavirus-related loan?

If you have no existing or recent loans from the 401(k) Plan, you may take 100% of your vested account balance up to \$100,000. If you have an existing loan (or you had a loan within the last 12 months), you may take 100% of your vested account balance up

Coronavirus-related Loan and Withdrawal Eligibility Criteria

If you are interested in taking a coronavirus-related loan or withdrawal from the JPMorgan Chase 401(k) Savings Plan, you must meet the following criteria:

- You (the participant) are diagnosed with SARS-CoV-2 or with a coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention; or
- Your spouse or dependent is diagnosed with SARS-CoV-2 or with a coronavirus disease 2019 (COVID-19); or
- You experience adverse financial consequences due to such virus or disease because of one or more of the following reasons: You were quarantined; you were laid off or furloughed; your work hours were reduced; you were unable to work due to lack of child care; you had to close or reduce working hours for the business you own or operate; or other factors as determined by the Secretary of the Treasury.

to \$100,000, minus the highest outstanding loan balance you may have had in the 401(k) Plan during the last 12 consecutive months.

3. I currently have two outstanding loans. Can I take a third loan to help with my coronavirus-related expenses? If not, can I consolidate my two outstanding loans so that I may take a second loan?

The 401(k) Plan does not allow more than two loans at the same time, and similarly does not allow existing loans to be consolidated. You may wish to consider other ways in which you can leverage money from the plan, such as a coronavirus-related withdrawal (if you meet eligibility criteria) or a standard hardship withdrawal. Please contact the 401(k) Plan Call Center for more information.

4. I would like to take a coronavirus-related loan and suspend payments on that loan for the maximum period of time. How can I do that?

Please contact the 401(k) Plan Call Center, which will provide you with the necessary form(s) to certify your eligibility in writing and submit your request. If your request is approved, your loan will be suspended through December 31, 2020 (or such other deadline provided by the IRS). In January 2021, your loan will be reamortized and extended by the length of the suspension to include the delayed repayments plus accrued interest.

5. What is the deadline to request a coronavirus-related loan?

You must submit your request to take a coronavirus-related loan by 4 p.m. Eastern time on Tuesday, September 22, 2020.

6. I currently have a loan and I would like to suspend payments on that loan for the maximum period of time. How can I do that?

To request a payment suspension on your existing non-coronavirus-related loan through December 31, 2020 (or other deadline provided by the IRS), please go to the 401(k) Plan Web Center via My Rewards and under Account > Overview > Plan forms, select, complete and submit the **Coronavirus-Related Loan Suspension Repayment** form, which will require you to certify your eligibility in writing. If your request is approved, your loan will be suspended through December 31, 2020 (or such other deadline provided by the IRS). In January 2021, your loan will be reamortized and extended by the length of the suspension to include the delayed repayments plus accrued interest.

Note: Payment suspension applies only to payments due on or after March 27, 2020, through the end of the calendar year. Repayments may be delayed up to December 31, 2020 (or such other deadline provided by the IRS).

Withdrawals

1. How can I request a coronavirus-related withdrawal from my 401(k) Plan account?

To request a coronavirus-related withdrawal from your account, go to the 401(k) Plan Web Center via My Rewards and under Account > Overview > Plan forms, select, complete and submit the **Coronavirus-Related Withdrawal** form, which will require you to certify your eligibility in writing.

2. What is the maximum I can withdraw for a coronavirus-related withdrawal?

In the 401(k) Plan, if you're eligible to take a coronavirus-related withdrawal, you may withdraw an amount equal to your vested balance, up to \$100,000 maximum. Please note: If you also have other retirement accounts such as another employer's 401(k) plan or an Individual Retirement Account (IRA), you can **only** withdraw up to a maximum of \$100,000 across **all** plans.

3. Is the 10% early withdrawal penalty waived if I am under the age of 59½?

Yes, as long as you take a coronavirus-related withdrawal by completing and submitting the proper paperwork.

4. What is the tax treatment for a coronavirus-related withdrawal?

10% federal tax withholding will be applied to your coronavirus-related withdrawal, unless you elect another percentage or amount. Please note that your entire coronavirus-related withdrawal will be reported as taxable income in the year received. You may opt to pay the federal tax on this withdrawal equally over a three-year period beginning with the year you receive the money, or you can elect to pay the entire amount due in the year distributed. Note: Please refer to previous question for information about the waiver of the 10% early withdrawal penalty if you're under the age of 59½.

5. What is the deadline to request a coronavirus-related withdrawal?

If you want to take a coronavirus-related withdrawal, you must complete and submit the proper paperwork by 4 p.m. Eastern time on December 31, 2020.

6. I understand that I can pay the coronavirus-related withdrawal back to my 401(k) Plan account. How do I do this?

If you would like to pay your coronavirus-related withdrawal back to your account, please contact the 401(k) Plan Call Center for assistance. Please note that there are various options to pay back a portion of the withdrawal or the whole amount over a period of up to three years from the date of the withdrawal. Any amount you pay back will not impact your regular contributions, if any, to the plan, or your annual contribution limit.

7. Can I take more than one coronavirus-related withdrawal from my 401(k) Plan account if I need to, at different times during the 2020 year?

Yes, as long as the combined total of your coronavirus-related withdrawals across all plans (including your JPMorgan Chase 401(k) Savings Plan, other employer-sponsored retirement plans and IRAs) does not exceed \$100,000.

Contact Information

- Go to the **401(k) Savings Plan Web Center** via My Rewards from the intranet or **myrewards.jpmorganchase.com** from the internet.
- Contact the **401(k) Savings Plan Call Center** at 1-866-JPMC401k (1-866-576-2401). (The TTY number is 1-800-345-1833.) Representatives are available from 8 a.m. to 10 p.m. Eastern time, Monday through Friday, except New York Stock Exchange holidays.

The JPMorgan Chase U.S. Benefits Program generally is available to most employees on a U.S. payroll who are regularly scheduled to work 20 hours or more a week and who are employed by JPMorgan Chase & Co. or one of its subsidiaries to the extent that such subsidiary has adopted the JPMorgan Chase U.S. Benefits Program. This information does not include all of the details contained in the applicable insurance contracts, plan documents and trust agreements. If there is any discrepancy between this information and the governing documents, the governing documents will control. JPMorgan Chase & Co. expressly reserves the right to amend, modify, reduce, change or terminate its benefits and plans at any time. The JPMorgan Chase U.S. Program does not create a contract or guarantee of employment between JPMorgan Chase and any individual. JPMorgan Chase or you may terminate the employment relationship at any time.