

2026 U.S. Annual Benefits Enrollment Bulletin

Excluding Dallas-Fort Worth, Texas and Illinois

Annual Enrollment Period

Active employees: Oct. 7–24

Employees on a leave of absence as of Sept. 18: Oct. 29–Nov. 14

Benefits Period

Jan. 1, 2026–Dec. 31, 2026

2026 U.S. Annual Benefits Enrollment

Now is the time to review your JPMorganChase health care and insurance benefits to ensure you have the medical, dental, vision, life, accident insurance and disability coverage that meets your needs for 2026. During Annual Benefits Enrollment, you'll also have the opportunity to choose from additional options, including Health Care and Dependent Care Spending Accounts, Group Personal Excess Liability Insurance, Group Legal Services and the Employee Stock Purchase Plan. The coverage you elect during the Annual Benefits Enrollment period will take effect on Jan. 1, 2026, and will continue through Dec. 31, 2026, unless you experience a qualified status change during the year.

Going Beyond the Basics: Our Comprehensive Health and Wellness Benefits

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Changes starting January 1, 2026

The 2026 JPMorgan Chase U.S. Medical Plan will continue to offer the same health care companies — Aetna, Cigna and Kaiser (CA only) — and same plan design. Over the past three years, we've invested more than \$200 million in our Medical Plan and Wellness Incentive Program to better meet your needs and improve affordability.

The 2026 JPMorgan Chase U.S. Medical Plan continues to offer you and your family accessible, comprehensive coverage with the following minimal changes:

- Effective Jan. 1, 2026, the prescription drug coverage for **GLP-1 anti-obesity medications for Plan Option 1 and Plan Option 2**, managed through CVS Caremark, will be updated to follow the plan design for Preferred Brand Name drugs. For Medical Plan Option 1, there will be a \$50 copay per month for GLP-1 anti-obesity medications, such as Wegovy. Medical Plan Option 2 will have a \$100 copay per month for these medications. Members should refer to the CVS Standard Drug List for all applicable anti-obesity medications. (Please note: Copays for GLP-1 medications FDA-indicated for diabetes will remain on the preventive drug list with a copay of \$0 under these plans. For employees covered under the Kaiser plan in California, a \$30 copay will continue to be applicable for all GLP-1 medications.)
- **Reminder for those employees taking the GLP-1 anti-obesity drug Zepbound:** Effective Jan. 1, 2026, Zepbound is scheduled to be removed from the CVS covered drug list, with Wegovy designated as the preferred alternative. Patients taking Zepbound should work with their doctor to obtain a prescription for Wegovy prior to Jan. or for a clinical exception if Wegovy has been tried but not successful. Final determination of Zepbound's coverage status will be announced and shared with existing Zepbound users on or around Nov. 1, 2025.
- For 2026, saving is simpler — you only need to complete a wellness screening by Nov. 21, 2025, to **save \$500 on 2026 medical payroll contributions** (and an additional \$500 if your spouse/domestic partner completes a screening). The online wellness assessment is no longer required.
- **Dependent Care Spending Account (DCSA)** contribution limits for 2026 will be \$7,500 for those not classified as a highly-compensated employee and generally \$5,000 for those classified as a highly-compensated employee, as defined by the IRS. When you enroll on the Benefits Web Center during the 2026 Annual Enrollment period, you will see the contribution limit based on your current classification. **Note:** The Internal Revenue Code (IRC) rules impose limits on DCSA contributions 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 highly compensated employees (below the \$5,000 level) and you'll be notified if you're affected.

- Employee-paid **Group Long-Term Disability (LTD)** options to replace 50% or 60% of Total Annual Cash Compensation (TACC) rates will be ~5% lower than 2025 for employees who elect or continue Group LTD coverage effective Jan. 1, 2026 (assuming same coverage, TACC band and smoker/non-smoker status). Employer-paid Group LTD — 60% of TACC replacement — is provided to employees with TACC less than \$80,000.

Your Medical Plan costs in 2026

Because health care can be expensive, the firm sets employee costs on a sliding scale — aligning what you pay for coverage to what you earn — and generally covers a larger proportion of plan costs for lower-paid employees. Your specific costs for medical coverage can be found on the [Benefits Web Center](#) when you enroll.

Total Annual Cash Compensation and other factors impacting payroll contributions

If your TACC has increased and caused you to move from one pay tier to another (e.g., from under \$100,000 to \$100,000 or more), you may see a larger increase in your employee payroll contributions. Other factors include the medical plan option you choose, the number of dependents you're covering, whether you or your covered spouse/domestic partner completes the wellness screening by Nov. 21, 2025, whether you or your covered spouse/domestic partner uses tobacco, and your regional cost category.

Total annual cash compensation levels that determine medical plan contributions

Pay tier	Total annual cash compensation (TACC)	How much employee pays for health care
1	<\$60,000	<p>Least</p>  <p>Most</p>
2	\$60,000 – \$79,999	
3	\$80,000 – \$99,999	
4	\$100,000 – \$149,999	
5	\$150,000 – \$249,999	
6	\$250,000 – \$349,999	
7	\$350,000 and above	

Total Annual Cash Compensation (TACC) is defined as your annual rate of base salary, plus applicable job differential pay (for example, shift pay) as of each August 1, plus any cash earnings from any incentive plans that are paid to or deferred by you for the previous 12-month period ending each July 31 (for example, annual incentive compensation, commissions, draws, overrides and special recognition payments or incentives). Overtime is not included.

For purposes of determining the medical plan contribution pay tier that applies to you, your TACC is recalculated as of each August 1 to take effect the next Jan. 1 and will remain unchanged throughout the year. For most employees hired on or after August 1, TACC for the remainder of year and through the end of the following year will be equal to base salary plus job differentials as of the employee's hire date. You can find your TACC on the [Benefits Web Center](#) under My Profile > Personal Information > Personal Details.

Your to-do list

To get the most from your benefits, here's what you need to do to enroll for 2026:

1. Review this Annual Enrollment Bulletin.

This bulletin has details about the medical, dental, vision, life insurance and disability coverage options available for 2026. Also, consider using the [Health Care Plan Comparison Tool](#), which features interactive comparison charts on your medical, dental and vision options.

2. Visit the Benefits Web Center.

The [Benefits Web Center](#) has tools and resources to help you review your costs and make enrollment decisions. These include plan summaries, comparison charts and estimator tools, including the Medical Plan Cost Estimator.

3. Make your choices and enroll Oct. 7-24, 2025.

Enroll in your benefits from Tuesday, Oct. 7, through Friday, Oct. 24, 2025 (11:59 p.m. Eastern time), by accessing the [Benefits Web Center](#) via the Health Care Plan Comparison Tool or by visiting **My Health > ENROLL NOW**. The coverage you elect will be effective Jan. 1, 2026, through Dec. 31, 2026, and may not be changed unless you experience a qualified status change during the year.

Note: If you're on an approved leave of absence as of Sept. 18, 2025, you have a later Annual Enrollment period, Oct. 29-Nov. 14, 2025. Communications will be mailed to your home address. Please review the Leave of Absence section of this bulletin for more information.

4. Review your eligible enrolled dependents.

Review the Dependent Eligibility Requirements when enrolling dependents. You'll need to certify online that your dependent meets these requirements. In addition, you'll be asked to provide proof (within 60 days of request) that the dependent is eligible for coverage if you're adding a new dependent or haven't provided this proof before. Request for verification will be mailed to your home address on file after Jan. 1, 2026.

5. Confirm your benefits elections.

After making your choices on the [Benefits Web Center](#), don't forget to "confirm" your elections. You'll then receive a summary of your benefits elections via your work email. If you enroll by calling Ask JPMC, the confirmation will be sent to both your work email and home address. Please review carefully to ensure your elections have been captured accurately. Also, complete any required actions, like providing Evidence of Insurability — or proof of good health — that is needed if you make a change to or newly elect Supplemental Term Life Insurance and/or employee-paid Group Long-Term Disability Insurance.

6. Complete your wellness screening by November 21, 2025 (11:59 p.m. Eastern time). Learn about your health, identify risks and save on your 2026 medical payroll contributions.

If you're enrolled in the U.S. Medical Plan, you can save \$500 (individuals) or \$1,000 (couples) on your 2026 medical payroll contributions if you and your covered spouse/domestic partner complete the wellness screening by the deadline.

As a reminder, the 2026 medical payroll contributions you'll see on the Benefits Web Center during Annual Benefits Enrollment assume that both you and your covered spouse/domestic partner have completed the wellness screening by the Nov. 21, 2025 deadline.

Enrollment support

Healthcare Plan Comparison Tool: Interactive [comparison charts](#) will show the plan options you are eligible for alongside their key highlights and features.

Visit the [Benefits Web Center](#) to review your costs and access tools and resources to help you make enrollment decisions. These include:

Medical Plan Cost Estimator: Estimate 2026 medical costs (payroll contributions plus out-of-pocket expenses) under each of the JPMorgan Chase Medical Plan Options available to you. You'll be able to enter medical services that you (and your covered dependents) anticipate using in 2026. You'll also answer preference-based questions to help determine which plan may best work for you.

Medical Reimbursement Account Value Estimator: Estimate how much money can be earned by completing wellness incentive activities.

Health Care Spending Account Estimator: Plan how much to put into a Health Care Spending Account to avoid contributing too much or too little and maximize tax savings.

Life Insurance Estimator (powered by MetLife): Estimate how much life insurance you should elect.

Health Plan Comparison Charts: Compare the details of the JPMorgan Chase Medical Plan Options.

Summaries of Benefits and Coverage: Use standardized summaries to compare JPMorgan Chase Medical Plan Options to external plans (e.g., a spouse's employer's plan).

If you take no action during Annual Enrollment

If you're currently enrolled in a JPMorgan Chase U.S. Medical Plan and other benefits and take no action during the enrollment period:

- You'll generally default to your current 2025 elections at 2026 rates. For example, if you're currently enrolled with Cigna Plan Option 1, you'll continue to be enrolled with Cigna Plan Option 1 in 2026.
- Your covered dependents will also automatically continue to be covered if they were covered in 2025.
- **IMPORTANT:** You will **not** be enrolled in the Health Care Spending Account (HCSA) or Dependent Care Spending Account (DCSA). Those elections must be made each year; prior year elections don't carry over automatically. Any unused balance up to \$660 will carryover even if you choose not to contribute to the HCSA in 2026; balances under \$25 will not carry over and will be forfeited.

If you're not currently enrolled in a JPMorgan Chase U.S. Medical Plan and take no action during Annual Enrollment, you will not have another opportunity to enroll in 2026 coverage unless you have a qualified status change (e.g., getting married).

Questions? Contact Ask JPMC.

If you have questions about your benefits coverage or the enrollment process, need more time to compare options with your spouse's/domestic partner's options, or don't have internet access from work or home, call 1-844-ASK-JPMC (1-844-275-5762) from 8 a.m. to 7 p.m. Eastern time, Monday through Friday.

The Medical Plan

JPMorganChase offers Medical Plan Options 1 and 2, available through Aetna or Cigna.

Plan Options Overview

- Plan Option 1: Has **higher payroll contributions with lower copays**, deductibles and out-of-pocket maximums.
- Plan Option 2: Has **lower payroll contributions, but higher copays**, deductibles and out-of-pocket maximums.

Coverage Details

- Both plan options **cover the same medical services and supplies**, including prescription drugs (prescription drug coverage is administered by CVS Caremark).
- You have the **flexibility to choose** whether your coverage is provided through Aetna or Cigna, both of which have broad networks of doctors and hospitals.

In-Network Benefits

- In-network routine, urgent and emergency care have fixed-dollar copayments, with no deductible. This means you'll know exactly what you need to pay before you visit. Both plans feature a copay of \$15 or less for primary care office visits and mental health sessions.
- Other medical services — including higher-cost medical services like radiology (e.g., MRI), outpatient surgery and inpatient hospitalization — will be subject to a deductible, then coinsurance. Deductibles and out-of-pocket maximums are tiered based on total annual cash compensation (TACC) to maintain affordability.

Out-of-Network Coverage

- While you're strongly encouraged to use in-network providers, you can use out-of-network providers. Out-of-network coverage has separate, higher deductibles, out-of-pocket maximums and coinsurance.
- Covered services performed by out-of-network providers will be reimbursed at the out-of-network level of benefits, subject to reasonable and customary charges. Charges in excess of reasonable and customary levels are not covered by the Plan. As a result, you could potentially be exposed to large bills for any amounts that exceed these reasonable and customary charges.

Kaiser (CA only)

- For employees who live in certain California ZIP codes, the Kaiser HMO is available through Kaiser Permanente, a fully integrated health system that employs physicians and other medical staff and owns hospitals, facilities and pharmacies. Out-of-network care is not covered under the Kaiser HMO, except in emergencies. [View the California Medical Plan Comparison.](#)

Included Health

- Employees residing in Georgia, Oklahoma, Louisiana and Florida who are enrolled in Medical Plan Options 1 and 2 through Aetna and Cigna have access to Included Health. This service provides concierge support to help members understand their insurance coverage, manage their health through care and disease management services, and find quality providers. Members have access to the same Aetna and Cigna providers at the same cost, but Included Health replaces the Aetna and Cigna call centers and contact information on the back of the medical ID cards.

[Learn more](#) about the 2026 JPMorganChase U.S. Medical Plan, including the available plan options, coverage details, costs and incentives.

The Wellness Incentive Program

Reminder: There's still time to earn 2025 incentives!

When you enroll in Medical Plan Option 1 or 2, you're eligible to receive funding in a Medical Reimbursement Account (MRA), which you can use to pay for eligible out-of-pocket medical and prescription drug expenses. You don't contribute to your own MRA; rather, it's funded by JPMorganChase when you participate in certain activities. Learn about ways to earn through the [2025 Wellness Incentive Program](#). Be on the lookout for any changes to the 2026 Wellness Incentive Program in early Jan.

Kaiser (California only): Kaiser enrollees aren't able to earn MRA funds. The Kaiser HMO option doesn't offer incentives for completing wellness activities, as it's an integrated, coordinated care model where wellness-related activities are part of the care you receive from your Kaiser providers.

Employees not enrolled in a JPMorgan Chase U.S. Medical Plan: You're eligible to earn wellness rewards that are payable through your payroll (and taxable) for all activities, except for activity tracking through Personify Health.

Save on 2026 Medical Plan Payroll Contributions

You still have time to complete a wellness screening by Nov. 21, 2025: Save \$500 on 2026 medical payroll contributions. Your savings double to \$1,000 when your covered spouse/domestic partner does the same. For more information on how to complete your annual wellness screening, go to:

- **Employees at work:** [Wellness Screening](#)
- **Employees at home:** myhealth.jpmorganchase.com
- **Spouses and domestic partners:** my.questforhealth.com

To track your wellness screening completion status, regardless of your health care company, visit myCigna.com.

For New Hires and Employees on Approved Leave of Absence

In some circumstances, employees and their covered spouse/domestic partner may automatically qualify for the payroll contribution savings (\$500 for individuals and \$1,000 for couples), even if they have not completed the wellness screening:

- **New hires:** Employees who become eligible for benefits coverage — and/or add a spouse/domestic partner to medical coverage — after Sept. 1, 2025.
- **Leaves of absence:** Employees who are on an approved leave of absence for 45 consecutive days between Sept. 1 and Nov. 22, 2025.

Benefit selections available during Annual Enrollment

The table below outlines the benefit options available to you during Annual Enrollment and where to go for help.

Program	Description	Where to go for help
<p>Medical Plan</p>	<p>You have a choice between plans:</p> <ul style="list-style-type: none"> • Plan Option 1 (Aetna or Cigna) • Plan Option 2 (Aetna or Cigna) • Kaiser HMO (California only) <p>For Plan Option 1 or 2, you can choose which health care company (Aetna or Cigna) you would like to enroll with.</p> <p>Prescription drug coverage is part of the Medical Plan, and you won't need to make a separate election. CVS Caremark manages prescription drug coverage for Plan Option 1 or 2 ; the Kaiser HMO (CA) includes its own prescription drug plan administered by Kaiser.</p> <p>You can also add dependents to coverage and change your spending account payment method (e.g., automatic claim payment or debit card, if available based on your Plan) during Annual Enrollment.</p>	<p>Plan design details:</p> <ul style="list-style-type: none"> • Benefits Web Center • Healthcare Plan Comparison Tool <p>Search for in-network providers:</p> <ul style="list-style-type: none"> • Aetna: jpmcbenefits.aetna.com • Cigna: welcome.cignahealthcare.com/jpmc/ • Included Health (for enrolled employees living in FL, OK, LA, GA): includedhealth.com/jpmc-aic • Kaiser HMO: choose.kp.org/jpmc <p>Search for a pharmacy or covered medication:</p> <ul style="list-style-type: none"> • Caremark: caremark.com/jpmc
<p>Dental</p>	<p>Most eligible participants have two to three options to choose from depending on your home ZIP code. All options provide coverage for preventive care, basic and major restorative care, and orthodontia.</p> <ul style="list-style-type: none"> • Preferred Dentist Program – PDP (MetLife) • Dental Maintenance Organization – DMO (Aetna*) • Dental Health Maintenance Organization – DHMO (Cigna*) 	<p>Search for providers for each of these options on the Benefits Web Center.</p>

Program	Description	Where to go for help
	<p>Before selecting the Aetna DMO or Cigna DHMO, please carefully review the network of dental providers available under these two options as out-of-network coverage is not available. If you cannot find a dentist near you under these two options you should select the MetLife PDP option which offers the choice between in-network and out-of-network dental care.</p> <p>*Independent of the health care company you choose for medical.</p>	
<p>Spending Accounts</p> <p>(These elections must be made each year; prior year elections don't automatically carry over.)</p>	<p>The Health Care Spending Account (HCSA) allows you to set aside pre-tax money to pay for eligible out-of-pocket health care expenses, including medical and prescription drug expenses once your MRA is depleted. You can also use your HCSA to pay for out-of-pocket dental and vision expenses.</p> <p>If you're on an approved Leave of Absence or plan to go on LOA in 2026, review the important information on page 23.</p> <p>The Dependent Care Spending Account (DCSA) allows you to set aside pre-tax money to cover eligible child care or adult care expenses, including:</p> <ul style="list-style-type: none"> • Child care expenses for dependent children under the age of 13 • Child care expenses for older children who are disabled • Adult care expenses for your tax-qualified adult dependents 	<p>Use the Health Care Spending Account Estimator on the Benefits Web Center.</p>
<p>Vision</p>	<p>The Vision Plan, administered by EyeMed, helps you and your family pay for covered vision expenses, such as eye exams, prescription glasses (lenses and frames) and contact lenses.</p>	<p>Search for providers on the Benefits Web Center.</p>
<p>Long-Term Disability</p>	<p>Long-Term Disability (LTD) coverage provides income replacement if you're unable to work for an extended period due to an illness or injury.</p>	<p>Visit the Benefits Web Center.</p>

Program	Description	Where to go for help
	<p>Employees who meet the LTD Plan's eligibility requirements and who have a TACC of less than \$80,000 in effect for the plan year are automatically enrolled in Group LTD coverage for that plan year at JPMorganChase's expense — no employee contributions are required. For all other employees, participation in Group LTD coverage is optional, and is available by making after-tax contributions for coverage.</p> <p>Reminder: Any election or increase made during Annual Benefits Enrollment will be subject to Evidence of Insurability or proof of good health.</p>	
<p>Life and Accident Insurance</p>	<p>You can elect to purchase Supplemental Term Life (STL) and Accidental Death and Dismemberment (AD&D) Insurance for yourself and/or your eligible dependents through MetLife, the insurance carrier. You pay the full cost of the STL and AD&D insurance you elect for yourself, your spouse/domestic partner, and your eligible dependents. You can choose your coverage level for yourself, your spouse/domestic partner, and your child(ren) when enrolling.</p> <p>Reminder: JPMorganChase automatically provides you with Basic Life Insurance equal to 1x your TACC up to a maximum of \$100,000. Any STL election or increase made during Annual Benefits Enrollment will be subject to Evidence of Insurability — or proof of good health.</p>	<p>Visit the Benefits Web Center.</p>
<p>Group Legal Services Plan</p>	<p>Our Group Legal Services Plan gives 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, name changes, consumer protection, traffic matters and more.</p>	<p>Visit the Benefits Web Center.</p>

Program	Description	Where to go for help
Group Personal Excess Liability Insurance Plan	<p>This coverage offers additional liability protection — sometimes referred to as umbrella coverage — for damages and costs arising from bodily injury or personal injury to others, or for damages to the property of others. This insurance covers what you or a covered family member may be liable for beyond the limits of liability provided by your primary auto, homeowners, renters, recreational vehicle, motorcycle and watercraft insurance policies.</p> <p>Reminder: Once enrolled, your policy will be sent to your work email address. You should review the policy each year for changes to coverage or policy provisions.</p>	Visit the Benefits Web Center .
Employee Stock Purchase Plan	<p>You're eligible to enroll in the Employee Stock Purchase Plan (ESPP) during each annual enrollment period if you're a U.S. benefits-eligible employee, you were hired on or before Sept. 30, and your Total Annual Cash Compensation (TACC) is less than \$250,000.</p> <p>This is an opportunity to become an owner of JPMorganChase and purchase the company's common stock through payroll contributions at a 5% discount and without paying a broker's fee. Stock purchases take place on the first day that trading is conducted on the NYSE in Jan., April, July and Oct.</p>	Learn more by reviewing the Employee Stock Purchase Plan Prospectus .
Tobacco Cessation Program	<p>When you enroll in the medical*, supplemental life insurance or long-term insurance benefit plans, you'll be asked to affirm your tobacco status or pay a premium surcharge. If you and/or your covered spouse/domestic partner completes the Quit for Life® Program by Friday, Dec. 5, 2025, you won't have to pay the tobacco-user surcharge for these benefits in 2026.</p> <p>*The recommendations of an individual's personal physician will be accommodated.</p>	Enroll at myquitforlife.com/jpmorganchase or call 1-866-QUIT-4-LIFE (1-866-784-8454) and schedule time to talk with a coach.

Information for employees on an approved Leave of Absence (LOA)

Important Annual Enrollment information for employees on an approved Leave of Absence as of Sept. 18, 2025 and those who go on leave in 2026:

- If you are on an approved Leave of Absence as of Sept. 18, 2025 (regardless of return to active employment status after this date), your Annual Enrollment period will begin Oct. 29, 2025, and end Nov. 14, 2025.

If you are on an approved Leave of Absence when you submit your 2026 Benefit Elections:

- For Supplemental Term Life Insurance and Accidental Death and Dismemberment Insurance, you can elect to decrease or waive coverage, but you will not have the option to increase your coverage while on leave.
- If you're on an unpaid leave at any time following the start of Annual Enrollment, you may not be given the option to elect a Health Care Spending Account as part of annual enrollment but may elect it within 31 days following the date you return to active employment.
- If you're currently enrolled in the Group Long-Term Disability (LTD) Plan, coverage under the Group LTD Plan automatically ends after 16 consecutive weeks of non-medical paid or unpaid Leave of Absence. Should you fall into this situation and want to continue coverage, you will need to re-elect Group LTD Plan coverage within 31 days of your return to active employment, and you must satisfy Evidence of Insurability (EOI) before coverage is effective. Please note: This only applies to you if you're enrolled in employee-paid Group LTD coverage.
- If you're enrolled in Company-paid Group LTD, your coverage will be automatically reinstated when you return to active employment, and no EOI will be required.
- Confirmation of your 2026 benefits elections will be mailed to your home address.

If you are on an approved Leave of Absence during 2026:

- While on leave, you're not eligible for the Dependent Care Spending Account (DCSA), and your participation ends. You'll have 31 days from the date you return to active employment to enroll in the Dependent Care Spending Account. Please be aware that you may not receive reimbursement for expenses incurred during any period that you are not eligible for the DCSA, such as during a LOA.
- Each period of participation in the account is an independent period of eligibility and funds are not cumulative. This means if you participate in the account Jan. 1-March 31 and have \$1,200 in contributions, you may receive up to \$1,200 in reimbursement for eligible expenses incurred Jan. 1-March 31. If following a leave of absence, you re-elect the account within 31 days starting August 1 and remain participating through December 31, contributing \$2,000, you may receive up to \$2,000 in reimbursement for eligible expenses

incurred August 1-December 31. Please note this can be especially important for employees taking a parental leave of absence.

Disclosures and disclaimers

This 2026 Annual U.S. Benefits Enrollment Bulletin (Bulletin) modifies the JPMC Benefits Guide (Guide) and component Summary Plan Description (SPD) and is intended to be a summary of material modifications (SMM) with respect to the applicable plans. It supplements, clarifies, and amends various sections of the Guide and should be referred to as part of the Guide and applicable component SPDs. You are encouraged to save or print this document and retain it for your records. If there is a discrepancy between the terms of the Guide or its applicable component plan(s), as amended, and this SMM, the terms of the Guide or the applicable component plan(s), as amended, will control.

This Bulletin is currently available on My Health > [2026 Benefits Resources](#) and on the [Benefits Web Center](#).

[Benefit reminders](#): Review several disclosures and annual notices that are required by law for companies that offer group health plans.

[Important disclaimers](#): Review important disclaimers regarding the JPMorganChase U.S. Benefits Program.

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- For 2026, saving is simpler — you only need to complete a wellness screening by Nov. 21, 2025, to **save \$500 on 2026 medical payroll contributions** (and an additional \$500 if your spouse/domestic partner completes a screening). The online wellness assessment is no longer required.
- **Dependent Care Spending Account (DCSA)** contribution limits for 2026 will be \$7,500 for those not classified as a highly-compensated employee and generally \$5,000 for those classified as a highly-compensated employee, as defined by the IRS. When you enroll on the Benefits Web Center during the 2026 Annual Enrollment period, you will see the contribution limit based on your current classification. **Note:** The Internal Revenue Code (IRC) rules impose limits on DCSA contributions 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 highly compensated employees (below the \$5,000 level) and you'll be notified if you're affected.

- Employee-paid **Group Long-Term Disability (LTD)** options to replace 50% or 60% of Total Annual Cash Compensation (TACC) rates will be ~5% lower than 2025 for employees who elect or continue Group LTD coverage effective Jan. 1, 2026 (assuming same coverage, TACC band and smoker/non-smoker status). Employer-paid Group LTD — 60% of TACC replacement — is provided to employees with TACC less than \$80,000.

Your Medical Plan costs in 2026

Because health care can be expensive, the firm sets employee costs on a sliding scale — aligning what you pay for coverage to what you earn — and generally covers a larger proportion of plan costs for lower-paid employees. Your specific costs for medical coverage can be found on the [Benefits Web Center](#) when you enroll.

Total Annual Cash Compensation and other factors impacting payroll contributions

If your TACC has increased and caused you to move from one pay tier to another (e.g., from under \$100,000 to \$100,000 or more), you may see a larger increase in your employee payroll contributions. Other factors include the medical plan option you choose, the number of dependents you're covering, whether you or your covered spouse/domestic partner completes the wellness screening by Nov. 21, 2025, whether you or your covered spouse/domestic partner uses tobacco, and your regional cost category.

Total annual cash compensation levels that determine medical plan contributions

Pay tier	Total annual cash compensation (TACC)	How much employee pays for health care
1	<\$60,000	 <p>Least</p> <p>Most</p>
2	\$60,000 – \$79,999	
3	\$80,000 – \$99,999	
4	\$100,000 – \$149,999	
5	\$150,000 – \$249,999	
6	\$250,000 – \$349,999	
7	\$350,000 and above	

Total Annual Cash Compensation (TACC) is defined as your annual rate of base salary, plus applicable job differential pay (for example, shift pay) as of each August 1, plus any cash earnings from any incentive plans that are paid to or deferred by you for the previous 12-month period ending each July 31 (for example, annual incentive compensation, commissions, draws, overrides and special recognition payments or incentives). Overtime is not included.

For purposes of determining the medical plan contribution pay tier that applies to you, your TACC is recalculated as of each August 1 to take effect the next Jan. 1 and will remain unchanged throughout the year. For most employees hired on or after August 1, TACC for the remainder of year and through the end of the following year will be equal to base salary plus job differentials as of the employee's hire date. You can find your TACC on the [Benefits Web Center](#) under My Profile > Personal Information > Personal Details.

Your to-do list

To get the most from your benefits, here's what you need to do to enroll for 2026:

1. Review this Annual Enrollment Bulletin.

This bulletin has details about the medical, dental, vision, life insurance and disability coverage options available for 2026. Also, consider using the [Health Care Plan Comparison Tool](#), which features interactive comparison charts on your medical, dental and vision options.

2. Visit the Benefits Web Center.

The [Benefits Web Center](#) has tools and resources to help you review your costs and make enrollment decisions. These include plan summaries, comparison charts and estimator tools, including the Medical Plan Cost Estimator.

3. Make your choices and enroll Oct. 7-24, 2025.

Enroll in your benefits from Tuesday, Oct. 7, through Friday, Oct. 24, 2025 (11:59 p.m. Eastern time), by accessing the [Benefits Web Center](#) via the Health Care Plan Comparison Tool or by visiting **My Health > ENROLL NOW**. The coverage you elect will be effective Jan. 1, 2026, through Dec. 31, 2026, and may not be changed unless you experience a qualified status change during the year.

Note: If you're on an approved leave of absence as of Sept. 18, 2025, you have a later Annual Enrollment period, Oct. 29-Nov. 14, 2025. Communications will be mailed to your home address. Please review the Leave of Absence section of this bulletin for more information.

4. Review your eligible enrolled dependents.

Review the Dependent Eligibility Requirements when enrolling dependents. You'll need to certify online that your dependent meets these requirements. In addition, you'll be asked to provide proof (within 60 days of request) that the dependent is eligible for coverage if you're adding a new dependent or haven't provided this proof before. Request for verification will be mailed to your home address on file after Jan. 1, 2026.

5. Confirm your benefits elections.

After making your choices on the [Benefits Web Center](#), don't forget to "confirm" your elections. You'll then receive a summary of your benefits elections via your work email. If you enroll by calling Ask JPMC, the confirmation will be sent to both your work email and home address. Please review carefully to ensure your elections have been captured accurately. Also, complete any required actions, like providing Evidence of Insurability — or proof of good health — that is needed if you make a change to or newly elect Supplemental Term Life Insurance and/or employee-paid Group Long-Term Disability Insurance.

6. Complete your wellness screening by November 21, 2025 (11:59 p.m. Eastern time). Learn about your health, identify risks and save on your 2026 medical payroll contributions.

If you're enrolled in the U.S. Medical Plan, you can save \$500 (individuals) or \$1,000 (couples) on your 2026 medical payroll contributions if you and your covered spouse/domestic partner complete the wellness screening by the deadline.

As a reminder, the 2026 medical payroll contributions you'll see on the Benefits Web Center during Annual Benefits Enrollment assume that both you and your covered spouse/domestic partner have completed the wellness screening by the Nov. 21, 2025 deadline.

Enrollment support

Healthcare Plan Comparison Tool: Interactive [comparison charts](#) will show the plan options you are eligible for alongside their key highlights and features.

Visit the [Benefits Web Center](#) to review your costs and access tools and resources to help you make enrollment decisions. These include:

Medical Plan Cost Estimator: Estimate 2026 medical costs (payroll contributions plus out-of-pocket expenses) under each of the JPMorgan Chase Medical Plan Options available to you. You'll be able to enter medical services that you (and your covered dependents) anticipate using in 2026. You'll also answer preference-based questions to help determine which plan may best work for you.

Medical Reimbursement Account Value Estimator: Estimate how much money can be earned by completing wellness incentive activities.

Health Care Spending Account Estimator: Plan how much to put into a Health Care Spending Account to avoid contributing too much or too little and maximize tax savings.

Life Insurance Estimator (powered by MetLife): Estimate how much life insurance you should elect.

Health Plan Comparison Charts: Compare the details of the JPMorgan Chase Medical Plan Options.

Summaries of Benefits and Coverage: Use standardized summaries to compare JPMorgan Chase Medical Plan Options to external plans (e.g., a spouse's employer's plan).

If you take no action during Annual Enrollment

If you're currently enrolled in a JPMorgan Chase U.S. Medical Plan and other benefits and take no action during the enrollment period:

- You'll generally default to your current 2025 elections at 2026 rates. For example, if you're currently enrolled with Cigna Plan Option 1, you'll continue to be enrolled with Cigna Plan Option 1 in 2026.
- Your covered dependents will also automatically continue to be covered if they were covered in 2025.
- **IMPORTANT:** You will **not** be enrolled in the Health Care Spending Account (HCSA) or Dependent Care Spending Account (DCSA). Those elections must be made each year; prior year elections don't carry over automatically. Any unused balance up to \$660 will carryover even if you choose not to contribute to the HCSA in 2026; balances under \$25 will not carry over and will be forfeited.

If you're not currently enrolled in a JPMorgan Chase U.S. Medical Plan and take no action during Annual Enrollment, you will not have another opportunity to enroll in 2026 coverage unless you have a qualified status change (e.g., getting married).

Questions? Contact Ask JPMC.

If you have questions about your benefits coverage or the enrollment process, need more time to compare options with your spouse's/domestic partner's options, or don't have internet access from work or home, call 1-844-ASK-JPMC (1-844-275-5762) from 8 a.m. to 7 p.m. Eastern time, Monday through Friday.

The Medical Plan

JPMorganChase offers Medical Plan Options 1 and 2, available through Aetna or Cigna.

Plan Options Overview

- Plan Option 1: Has **higher payroll contributions with lower copays**, deductibles and out-of-pocket maximums.
- Plan Option 2: Has **lower payroll contributions, but higher copays**, deductibles and out-of-pocket maximums.

Coverage Details

- Both plan options **cover the same medical services and supplies**, including prescription drugs (prescription drug coverage is administered by CVS Caremark).
- You have the **flexibility to choose** whether your coverage is provided through Aetna or Cigna, both of which have broad networks of doctors and hospitals.

In-Network Benefits

- In-network routine, urgent and emergency care have fixed-dollar copayments, with no deductible. This means you'll know exactly what you need to pay before you visit. Both plans feature a copay of \$15 or less for primary care office visits and mental health sessions.
- Other medical services — including higher-cost medical services like radiology (e.g., MRI), outpatient surgery and inpatient hospitalization — will be subject to a deductible, then coinsurance. Deductibles and out-of-pocket maximums are tiered based on total annual cash compensation (TACC) to maintain affordability.

Out-of-Network Coverage

- While you're strongly encouraged to use in-network providers, you can use out-of-network providers. Out-of-network coverage has separate, higher deductibles, out-of-pocket maximums and coinsurance.
- Covered services performed by out-of-network providers will be reimbursed at the out-of-network level of benefits, subject to reasonable and customary charges. Charges in excess of reasonable and customary levels are not covered by the Plan. As a result, you could potentially be exposed to large bills for any amounts that exceed these reasonable and customary charges.

Centivo Select Plan (Dallas-Fort Worth, Texas only)

- For employees who live in most, but not all, Dallas-Fort Worth, Texas ZIP codes, the Centivo Select Plan offers medical coverage through a select network of providers, which includes the Baylor Scott & White health system, Catalyst Health Group, Children's Health, Cook Children's, Methodist Health System and Scottish Rite. If your provider(s) are in the Centivo network, or you are interested in changing providers in exchange for a plan with lower copays, you may want to select this medical plan option. Centivo Select members choose a primary care doctor who guides their care. Be advised that out-of-network care is not covered under the Centivo Select Plan, except urgent care when traveling and emergency room visits. To review the Centivo provider directory, go to jpmc.centivo.com. If you're not able to find providers that meet your needs, you should not select this medical option.

[Learn more](#) about the 2026 JPMorgan Chase U.S. Medical Plan for employees living in the Dallas-Fort Worth area, including the available plan options, coverage details and costs.

The Wellness Incentive Program

Reminder: There's still time to earn 2025 incentives!

When you enroll in Medical Plan Option 1 or 2, or the Centivo Select Plan, you're eligible to receive funding in a Medical Reimbursement Account (MRA), which you can use to pay for eligible out-of-pocket medical and prescription drug expenses. You don't contribute to your own MRA; rather, it's funded by JPMorganChase when you participate in certain activities. Learn about ways to earn through the [2025 Wellness Incentive Program](#). Be on the lookout for any changes to the 2026 Wellness Incentive Program in early Jan.

Employees not enrolled in a JPMorgan Chase U.S. Medical Plan: You're eligible to earn wellness rewards that are payable through your payroll (and taxable) for all activities, except for activity tracking through Personify Health.

Save on 2026 Medical Plan Payroll Contributions

You still have time to complete a wellness screening by Nov. 21, 2025: Save \$500 on 2026 medical payroll contributions. Your savings double to \$1,000 when your covered spouse/domestic partner does the same. For more information on how to complete your annual wellness screening, go to:

- **Employees at work:** [Wellness Screening](#)
- **Employees at home:** myhealth.jpmorganchase.com
- **Spouses and domestic partners:** my.questforhealth.com

To track your wellness screening completion status, regardless of your health care company, visit myCigna.com.

For New Hires and Employees on Approved Leave of Absence

In some circumstances, employees and their covered spouse/domestic partner may automatically qualify for the payroll contribution savings (\$500 for individuals and \$1,000 for couples), even if they have not completed the wellness screening:

- **New hires:** Employees who become eligible for benefits coverage — and/or add a spouse/domestic partner to medical coverage — after Sept. 1, 2025.
- **Leaves of absence:** Employees who are on an approved leave of absence for 45 consecutive days between Sept. 1 and Nov. 22, 2025.

Benefit selections available during Annual Enrollment

The table below outlines the benefit options available to you during Annual Enrollment and where to go for help.

Program	Description	Where to go for help
<p>Medical Plan</p>	<p>You have a choice between plans:</p> <ul style="list-style-type: none"> • Plan Option 1 (Aetna or Cigna) • Plan Option 2 (Aetna or Cigna) • Centivo Select Plan (Dallas Fort-Worth only) <p>For Plan Option 1 or 2, you can choose which health care company (Aetna or Cigna) you would like to enroll with.</p> <p>Prescription drug coverage is part of the Medical Plan, and you won't need to make a separate election. CVS Caremark manages prescription drug coverage for Plan Option 1 or 2 and Centivo Select.</p> <p>If you are selecting the Centivo Select Plan, please carefully review the network of providers available as out-of-network care is not covered, except urgent care when traveling and emergency room visits.</p> <p>You can also add dependents to coverage and change your spending account payment method (e.g., automatic claim payment or debit card, if available based on your Plan) during Annual Enrollment.</p>	<p>Plan design details:</p> <ul style="list-style-type: none"> • Benefits Web Center • Healthcare Plan Comparison Tool <p>Search for in-network providers:</p> <ul style="list-style-type: none"> • Aetna: jpmcbenefits.aetna.com • Cigna: welcome.cignahealthcare.com/jpmc/ • Centivo: jpmc.centivo.com <p>Search for a pharmacy or covered medication:</p> <ul style="list-style-type: none"> • Caremark: caremark.com/jpmc
<p>Dental</p>	<p>Most eligible participants have two to three options to choose from depending on your home ZIP code. All options provide coverage for preventive care, basic and major restorative care, and orthodontia.</p> <ul style="list-style-type: none"> • Preferred Dentist Program – PDP (MetLife) • Dental Maintenance Organization – DMO (Aetna*) • Dental Health Maintenance Organization – DHMO (Cigna*) 	<p>Search for providers for each of these options on the Benefits Web Center.</p>

Program	Description	Where to go for help
	<p>Before selecting the Aetna DMO or Cigna DHMO, please carefully review the network of dental providers available under these two options as out-of-network coverage is not available. If you cannot find a dentist near you under these two options you should select the MetLife PDP option which offers the choice between in-network and out-of-network dental care.</p> <p>*Independent of the health care company you choose for medical.</p>	
<p>Spending Accounts</p> <p>(These elections must be made each year; prior year elections don't automatically carry over.)</p>	<p>The Health Care Spending Account (HCSA) allows you to set aside pre-tax money to pay for eligible out-of-pocket health care expenses, including medical and prescription drug expenses once your MRA is depleted. You can also use your HCSA to pay for out-of-pocket dental and vision expenses.</p> <p>If you're on an approved Leave of Absence or plan to go on LOA in 2026, review the important information on page 23.</p> <p>The Dependent Care Spending Account (DCSA) allows you to set aside pre-tax money to cover eligible child care or adult care expenses, including:</p> <ul style="list-style-type: none"> • Child care expenses for dependent children under the age of 13 • Child care expenses for older children who are disabled • Adult care expenses for your tax-qualified adult dependents 	<p>Use the Health Care Spending Account Estimator on the Benefits Web Center.</p>
<p>Vision</p>	<p>The Vision Plan, administered by EyeMed, helps you and your family pay for covered vision expenses, such as eye exams, prescription glasses (lenses and frames) and contact lenses.</p>	<p>Search for providers on the Benefits Web Center.</p>
<p>Long-Term Disability</p>	<p>Long-Term Disability (LTD) coverage provides income replacement if you're unable to work for an extended period due to an illness or injury.</p>	<p>Visit the Benefits Web Center.</p>

Program	Description	Where to go for help
	<p>Employees who meet the LTD Plan’s eligibility requirements and who have a TACC of less than \$80,000 in effect for the plan year are automatically enrolled in Group LTD coverage for that plan year at JPMorganChase’s expense — no employee contributions are required. For all other employees, participation in Group LTD coverage is optional, and is available by making after-tax contributions for coverage.</p> <p>Reminder: Any election or increase made during Annual Benefits Enrollment will be subject to Evidence of Insurability or proof of good health.</p>	
<p>Life and Accident Insurance</p>	<p>You can elect to purchase Supplemental Term Life (STL) and Accidental Death and Dismemberment (AD&D) Insurance for yourself and/or your eligible dependents through MetLife, the insurance carrier. You pay the full cost of the STL and AD&D insurance you elect for yourself, your spouse/domestic partner, and your eligible dependents. You can choose your coverage level for yourself, your spouse/domestic partner, and your child(ren) when enrolling.</p> <p>Reminder: JPMorganChase automatically provides you with Basic Life Insurance equal to 1x your TACC up to a maximum of \$100,000.</p> <p>Any STL election or increase made during Annual Benefits Enrollment will be subject to Evidence of Insurability – or proof of good health.</p>	<p>Visit the Benefits Web Center.</p>
<p>Group Legal Services Plan</p>	<p>Our Group Legal Services Plan gives 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, name changes, consumer protection, traffic matters and more.</p>	<p>Visit the Benefits Web Center.</p>

Program	Description	Where to go for help
Group Personal Excess Liability Insurance Plan	<p>This coverage offers additional liability protection — sometimes referred to as umbrella coverage — for damages and costs arising from bodily injury or personal injury to others, or for damages to the property of others. This insurance covers what you or a covered family member may be liable for beyond the limits of liability provided by your primary auto, homeowners, renters, recreational vehicle, motorcycle and watercraft insurance policies.</p> <p>Reminder: Once enrolled, your policy will be sent to your work email address. You should review the policy each year for changes to coverage or policy provisions.</p>	Visit the Benefits Web Center .
Employee Stock Purchase Plan	<p>You're eligible to enroll in the Employee Stock Purchase Plan (ESPP) during each annual enrollment period if you're a U.S. benefits-eligible employee, you were hired on or before Sept. 30, and your Total Annual Cash Compensation (TACC) is less than \$250,000.</p> <p>This is an opportunity to become an owner of JPMorganChase and purchase the company's common stock through payroll contributions at a 5% discount and without paying a broker's fee. Stock purchases take place on the first day that trading is conducted on the NYSE in Jan., April, July and Oct.</p>	Learn more by reviewing the Employee Stock Purchase Plan Prospectus .
Tobacco Cessation Program	<p>When you enroll in the medical*, supplemental life insurance or long-term insurance benefit plans, you'll be asked to affirm your tobacco status or pay a premium surcharge. If you and/or your covered spouse/domestic partner completes the Quit for Life® Program by Friday, Dec. 5, 2025, you won't have to pay the tobacco-user surcharge for these benefits in 2026.</p> <p>* The recommendations of an individual's personal physician will be accommodated.</p>	Enroll at myquitforlife.com/jpmorganchase or call 1-866-QUIT-4-LIFE (1-866-784-8454) and schedule time to talk with a coach.

Information for employees on an approved Leave of Absence (LOA)

Important Annual Enrollment information for employees on an approved Leave of Absence as of Sept. 18, 2025 and those who go on leave in 2026:

- If you are on an approved Leave of Absence as of Sept. 18, 2025 (regardless of return to active employment status after this date), your Annual Enrollment period will begin Oct. 29, 2025, and end Nov. 14, 2025.

If you are on an approved Leave of Absence when you submit your 2026 Benefit Elections:

- For Supplemental Term Life Insurance and Accidental Death and Dismemberment Insurance, you can elect to decrease or waive coverage, but you will not have the option to increase your coverage while on leave.
- If you're on an unpaid leave at any time following the start of Annual Enrollment, you may not be given the option to elect a Health Care Spending Account as part of annual enrollment but may elect it within 31 days following the date you return to active employment.
- If you're currently enrolled in the Group Long-Term Disability (LTD) Plan, coverage under the Group LTD Plan automatically ends after 16 consecutive weeks of non-medical paid or unpaid Leave of Absence. Should you fall into this situation and want to continue coverage, you will need to re-elect Group LTD Plan coverage within 31 days of your return to active employment, and you must satisfy Evidence of Insurability (EOI) before coverage is effective. Please note: This only applies to you if you're enrolled in employee-paid Group LTD coverage.
- If you're enrolled in Company-paid Group LTD, your coverage will be automatically reinstated when you return to active employment, and no EOI will be required.
- Confirmation of your 2026 benefits elections will be mailed to your home address.

If you are on an approved Leave of Absence during 2026:

- While on leave, you're not eligible for the Dependent Care Spending Account (DCSA), and your participation ends. You'll have 31 days from the date you return to active employment to enroll in the Dependent Care Spending Account. Please be aware that you may not receive reimbursement for expenses incurred during any period that you are not eligible for the DCSA, such as during a LOA.
- Each period of participation in the account is an independent period of eligibility and funds are not cumulative. This means if you participate in the account Jan. 1-March 31 and have \$1,200 in contributions, you may receive up to \$1,200 in reimbursement for eligible expenses incurred Jan. 1-March 31. If following a leave of absence, you re-elect the account within 31 days starting August 1 and remain participating through December 31, contributing \$2,000, you may receive up to \$2,000 in reimbursement for eligible expenses

incurred August 1-December 31. Please note this can be especially important for employees taking a parental leave of absence.

Disclosures and disclaimers

This 2026 Annual U.S. Benefits Enrollment Bulletin (Bulletin) modifies the JPMC Benefits Guide (Guide) and component Summary Plan Description (SPD) and is intended to be a summary of material modifications (SMM) with respect to the applicable plans. It supplements, clarifies, and amends various sections of the Guide and should be referred to as part of the Guide and applicable component SPDs. You are encouraged to save or print this document and retain it for your records. If there is a discrepancy between the terms of the Guide or its applicable component plan(s), as amended, and this SMM, the terms of the Guide or the applicable component plan(s), as amended, will control.

This Bulletin is currently available on My Health > [2026 Benefits Resources](#) and on the [Benefits Web Center](#).

[Benefit reminders](#): Review several disclosures and annual notices that are required by law for companies that offer group health plans.

[Important disclaimers](#): Review important disclaimers regarding the JPMorganChase U.S. Benefits Program.

2026 U.S. Annual Benefits Enrollment Bulletin

Illinois

Annual Enrollment Period

Active employees: Oct. 7–24

Employees on a leave of absence as of Sept. 18: Oct. 29–Nov. 14

Benefits Period

Jan. 1, 2026–Dec. 31, 2026

2026 U.S. Annual Benefits Enrollment

Now is the time to review your JPMorganChase health care and insurance benefits to ensure you have the medical, dental, vision, life, accident insurance and disability coverage that meets your needs for 2026. During Annual Benefits Enrollment, you'll also have the opportunity to choose from additional options, including Health Care and Dependent Care Spending Accounts, Group Personal Excess Liability Insurance, Group Legal Services and the Employee Stock Purchase Plan. The coverage you elect during the Annual Benefits Enrollment period will take effect on Jan. 1, 2026, and will continue through Dec. 31, 2026, unless you experience a qualified status change during the year.

Going Beyond the Basics: Our Comprehensive Health and Wellness Benefits

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Changes starting January 1, 2026

The 2026 JPMorgan Chase U.S. Medical Plan will continue to offer the same health care companies — Aetna and Cigna — and same plan design. Over the past three years, we've invested more than \$200 million in our Medical Plan and Wellness Incentive Program to better meet your needs and improve affordability.

The 2026 JPMorgan Chase U.S. Medical Plan continues to offer you and your family accessible, comprehensive coverage with the following minimal changes:

- Effective Jan. 1, 2026, the prescription drug coverage for **GLP-1 anti-obesity medications for Plan Option 1 and Plan Option 2**, managed through CVS Caremark, will be updated to follow the plan design for Preferred Brand Name drugs. For Medical Plan Option 1, there will be a \$50 copay per month for GLP-1 anti-obesity medications, such as Wegovy. Medical Plan Option 2 will have a \$100 copay per month for these medications. Members should refer to the CVS Standard Drug List for all applicable anti-obesity medications. (Please note: Copays for GLP-1 medications FDA-indicated for diabetes will remain on the preventive drug list with a copay of \$0 under these plans.)
- **Reminder for those employees taking the GLP-1 anti-obesity drug Zepbound:** Effective Jan. 1, 2026, Zepbound is scheduled to be removed from the CVS covered drug list, with Wegovy designated as the preferred alternative. Patients taking Zepbound should work with their doctor to obtain a prescription for Wegovy prior to Jan. or for a clinical exception if Wegovy has been tried but not successful. Final determination of Zepbound's coverage status will be announced and shared with existing Zepbound users on or around Nov. 1, 2025.
- Starting Jan. 1, 2026, **employees living in Illinois and enrolled with Cigna** (Plan Options 1 and 2) can benefit from reduced copays when visiting designated quality providers. Primary care and specialist office visits with providers designated as Preferred Group on the [Embold Health Provider Guide](#) will feature a \$10 copay discount. By choosing a preferred provider, you can be confident you're receiving care from a provider identified as meeting quality standards and enjoy lower out-of-pocket costs. To take advantage of these benefits, including access to the Embold Health Provider Guide tool, you must be enrolled in Cigna (not available through Aetna).
- For 2026, saving is simpler — you only need to complete a wellness screening by Nov. 21, 2025, to **save \$500 on 2026 medical payroll contributions** (and an additional \$500 if your spouse/domestic partner completes a screening). The online wellness assessment is no longer required.

- **Dependent Care Spending Account (DCSA)** contribution limits for 2026 will be \$7,500 for those not classified as a highly-compensated employee and generally \$5,000 for those classified as a highly-compensated employee, as defined by the IRS. When you enroll on the Benefits Web Center during the 2026 Annual Enrollment period, you will see the contribution limit based on your current classification. **Note:** The Internal Revenue Code (IRC) rules impose limits on DCSA contributions 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 highly compensated employees (below the \$5,000 level) and you'll be notified if you're affected.
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Total Annual Cash Compensation and other factors impacting payroll contributions

If your TACC has increased and caused you to move from one pay tier to another (e.g., from under \$100,000 to \$100,000 or more), you may see a larger increase in your employee payroll contributions. Other factors include the medical plan option you choose, the number of dependents you're covering, whether you or your covered spouse/domestic partner completes the wellness screening by Nov. 21, 2025, whether you or your covered spouse/domestic partner uses tobacco, and your regional cost category.

Total annual cash compensation levels that determine medical plan contributions

Pay tier	Total annual cash compensation (TACC)	How much employee pays for health care
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For purposes of determining the medical plan contribution pay tier that applies to you, your TACC is recalculated as of each August 1 to take effect the next Jan. 1 and will remain unchanged throughout the year. For most employees hired on or after August 1, TACC for the remainder of year and through the end of the following year will be equal to base salary plus job differentials as of the employee's hire date. You can find your TACC on the [Benefits Web Center](#) under My Profile > Personal Information > Personal Details.

Your to-do list

To get the most from your benefits, here's what you need to do to enroll for 2026:

1. Review this Annual Enrollment Bulletin.

This bulletin has details about the medical, dental, vision, life insurance and disability coverage options available for 2026. Also, consider using the [Health Care Plan Comparison Tool](#), which features interactive comparison charts on your medical, dental and vision options.

2. Visit the Benefits Web Center.

The [Benefits Web Center](#) has tools and resources to help you review your costs and make enrollment decisions. These include plan summaries, comparison charts and estimator tools, including the Medical Plan Cost Estimator.

3. Make your choices and enroll Oct. 7-24, 2025.

Enroll in your benefits from Tuesday, Oct. 7, through Friday, Oct. 24, 2025 (11:59 p.m. Eastern time), by accessing the [Benefits Web Center](#) via the Health Care Plan Comparison Tool or by visiting **My Health > ENROLL NOW**. The coverage you elect will be effective Jan. 1, 2026, through Dec. 31, 2026, and may not be changed unless you experience a qualified status change during the year.

Note: If you're on an approved leave of absence as of Sept. 18, 2025, you have a later Annual Enrollment period, Oct. 29-Nov. 14, 2025. Communications will be mailed to your home address. Please review the Leave of Absence section of this bulletin for more information.

4. Review your eligible enrolled dependents.

Review the Dependent Eligibility Requirements when enrolling dependents. You'll need to certify online that your dependent meets these requirements. In addition, you'll be asked to provide proof (within 60 days of request) that the dependent is eligible for coverage if you're adding a new dependent or haven't provided this proof before. Request for verification will be mailed to your home address on file after Jan. 1, 2026.

5. Confirm your benefits elections.

After making your choices on the [Benefits Web Center](#), don't forget to "confirm" your elections. You'll then receive a summary of your benefits elections via your work email. If you enroll by calling Ask JPMC, the confirmation will be sent to both your work email and home address. Please review carefully to ensure your elections have been captured accurately. Also, complete any required actions, like providing Evidence of Insurability — or proof of good health — that is needed if you make a change to or newly elect Supplemental Term Life Insurance and/or employee-paid Group Long-Term Disability Insurance.

6. Complete your wellness screening by November 21, 2025 (11:59 p.m. Eastern time). Learn about your health, identify risks and save on your 2026 medical payroll contributions.

If you're enrolled in the U.S. Medical Plan, you can save \$500 (individuals) or \$1,000 (couples) on your 2026 medical payroll contributions if you and your covered spouse/domestic partner complete the wellness screening by the deadline.

As a reminder, the 2026 medical payroll contributions you'll see on the Benefits Web Center during Annual Benefits Enrollment assume that both you and your covered spouse/domestic partner have completed the wellness screening by the Nov. 21, 2025 deadline.

Enrollment support

Healthcare Plan Comparison Tool: Interactive [comparison charts](#) will show the plan options you are eligible for alongside their key highlights and features.

Visit the [Benefits Web Center](#) to review your costs and access tools and resources to help you make enrollment decisions. These include:

Medical Plan Cost Estimator: Estimate 2026 medical costs (payroll contributions plus out-of-pocket expenses) under each of the JPMorgan Chase Medical Plan Options available to you. You'll be able to enter medical services that you (and your covered dependents) anticipate using in 2026. You'll also answer preference-based questions to help determine which plan may best work for you.

Medical Reimbursement Account Value Estimator: Estimate how much money can be earned by completing wellness incentive activities.

Health Care Spending Account Estimator: Plan how much to put into a Health Care Spending Account to avoid contributing too much or too little and maximize tax savings.

Life Insurance Estimator (powered by MetLife): Estimate how much life insurance you should elect.

Health Plan Comparison Charts: Compare the details of the JPMorgan Chase Medical Plan Options.

Summaries of Benefits and Coverage: Use standardized summaries to compare JPMorgan Chase Medical Plan Options to external plans (e.g., a spouse's employer's plan).

If you take no action during Annual Enrollment

If you're currently enrolled in a JPMorgan Chase U.S. Medical Plan and other benefits and take no action during the enrollment period:

- You'll generally default to your current 2025 elections at 2026 rates. For example, if you're currently enrolled with Cigna Plan Option 1, you'll continue to be enrolled with Cigna Plan Option 1 in 2026.
- Your covered dependents will also automatically continue to be covered if they were covered in 2025.
- **IMPORTANT:** You will **not** be enrolled in the Health Care Spending Account (HCSA) or Dependent Care Spending Account (DCSA). Those elections must be made each year; prior year elections don't carry over automatically. Any unused balance up to \$660 will carryover even if you choose not to contribute to the HCSA in 2026; balances under \$25 will not carry over and will be forfeited.

If you're not currently enrolled in a JPMorgan Chase U.S. Medical Plan and take no action during Annual Enrollment, you will not have another opportunity to enroll in 2026 coverage unless you have a qualified status change (e.g., getting married).

Questions? Contact Ask JPMC.

If you have questions about your benefits coverage or the enrollment process, need more time to compare options with your spouse's/domestic partner's options, or don't have internet access from work or home, call 1-844-ASK-JPMC (1-844-275-5762) from 8 a.m. to 7 p.m. Eastern time, Monday through Friday.

The Medical Plan

JPMorganChase offers Medical Plan Options 1 and 2, available through Aetna or Cigna.

Plan Options Overview

- Plan Option 1: Has **higher payroll contributions with lower copays**, deductibles and out-of-pocket maximums.
- Plan Option 2: Has **lower payroll contributions, but higher copays**, deductibles and out-of-pocket maximums.

Coverage Details

- Both plan options **cover the same medical services and supplies**, including prescription drugs (prescription drug coverage is administered by CVS Caremark).
- You have the **flexibility to choose** whether your coverage is provided through Aetna or Cigna, both of which have broad networks of doctors and hospitals.

In-Network Benefits

- In-network routine, urgent and emergency care have fixed-dollar copayments, with no deductible. This means you'll know exactly what you need to pay before you visit. Both plans feature a copay of \$15 or less for primary care office visits and mental health sessions.
- Other medical services — including higher-cost medical services like radiology (e.g., MRI), outpatient surgery and inpatient hospitalization — will be subject to a deductible, then coinsurance. Deductibles and out-of-pocket maximums are tiered based on total annual cash compensation (TACC) to maintain affordability.

Out-of-Network Coverage

- While you're strongly encouraged to use in-network providers, you can use out-of-network providers. Out-of-network coverage has separate, higher deductibles, out-of-pocket maximums and coinsurance.
- Covered services performed by out-of-network providers will be reimbursed at the out-of-network level of benefits, subject to reasonable and customary charges. Charges in excess of reasonable and customary levels are not covered by the Plan. As a result, you could potentially be exposed to large bills for any amounts that exceed these reasonable and customary charges.

Embold Health Provider Guide (through Cigna)

- Starting Jan. 1, 2026, employees living in Illinois and enrolled with Cigna (Plan Options 1 and 2), can benefit from reduced copays when visiting designated quality providers. Primary care and specialist office visits with providers designated as 'Preferred Group' on the [Embold Health Provider Guide](#) will feature a \$10 copay discount. By choosing a preferred provider, you can be confident you're receiving care from a provider identified as meeting quality standards and enjoy lower out-of-pocket costs. To take advantage of these benefits, including access to Embold Health Provider Guide tool, you must be enrolled in Cigna (not available through Aetna).

Example: The copay for a primary care office visit (under Cigna Plan Options 1 and 2) is normally \$15. For an office visit at a PCP with the 'Preferred Group' designation on the Embold Health Provider Guide, the copay will be \$5. For a specialist office visit, the same copay discount concept also applies.

Notes: (1) The Embold Health Provider Guide covers a wide range of medical specialties, but not all. For specialties that are not listed in the Embold tool, the copay discount does not apply. (2) Provider network status and quality rankings may change over time, although such changes are expected to be minimal and limited to the beginning of each calendar year. Please keep this in mind when you check the Embold tool during Annual Enrollment.

[Learn more](#) about the 2026 JPMorganChase U.S. Medical Plan for employees living in Illinois, including the available plan options, coverage details and costs.

The Wellness Incentive Program

Reminder: There's still time to earn 2025 incentives!

When you enroll in Medical Plan Option 1 or 2, you're eligible to receive funding in a Medical Reimbursement Account (MRA), which you can use to pay for eligible out-of-pocket medical and prescription drug expenses. You don't contribute to your own MRA; rather, it's funded by JPMorganChase when you participate in certain activities. Learn about ways to earn through the [2025 Wellness Incentive Program](#). Be on the lookout for any changes to the 2026 Wellness Incentive Program in early Jan.

Employees not enrolled in a JPMorgan Chase U.S. Medical Plan: You're eligible to earn wellness rewards that are payable through your payroll (and taxable) for all activities, except for activity tracking through Personify Health.

Save on 2026 Medical Plan Payroll Contributions

You still have time to complete a wellness screening by Nov. 21, 2025: Save \$500 on 2026 medical payroll contributions. Your savings double to \$1,000 when your covered spouse/domestic partner does the same. For more information on how to complete your annual wellness screening, go to:

- **Employees at work:** [Wellness Screening](#)
- **Employees at home:** myhealth.jpmorganchase.com
- **Spouses and domestic partners:** my.questforhealth.com

To track your wellness screening completion status, regardless of your health care company, visit myCigna.com.

For New Hires and Employees on Approved Leave of Absence

In some circumstances, employees and their covered spouse/domestic partner may automatically qualify for the payroll contribution savings (\$500 for individuals and \$1,000 for couples), even if they have not completed the wellness screening:

- **New hires:** Employees who become eligible for benefits coverage — and/or add a spouse/domestic partner to medical coverage — after Sept. 1, 2025.
- **Leaves of absence:** Employees who are on an approved leave of absence for 45 consecutive days between Sept. 1 and Nov. 22, 2025.

Benefit selections available during Annual Enrollment

The table below outlines the benefit options available to you during Annual Enrollment and where to go for help.

Program	Description	Where to go for help
<p>Medical Plan</p>	<p>You have a choice between plans:</p> <ul style="list-style-type: none"> • Plan Option 1 (Aetna or Cigna) • Plan Option 2 (Aetna or Cigna) <p>For Plan Option 1 or 2, you can choose which health care company (Aetna or Cigna) you would like to enroll with.</p> <p>Prescription drug coverage is part of the Medical Plan, and you won't need to make a separate election. CVS Caremark manages prescription drug coverage for Plan Option 1 or 2.</p> <p>You can also add dependents to coverage and change your spending account payment method (e.g., automatic claim payment or debit card, if available based on your Plan) during Annual Enrollment.</p>	<p>Plan design details:</p> <ul style="list-style-type: none"> • Benefits Web Center • Healthcare Plan Comparison Tool <p>Search for in-network providers:</p> <ul style="list-style-type: none"> • Aetna: jpmcbenefits.aetna.com • Cigna: welcome.cignahealthcare.com/jpmc/ <p>Search for a pharmacy or covered medication:</p> <ul style="list-style-type: none"> • Caremark: caremark.com/jpmc
<p>Dental</p>	<p>Most eligible participants have two to three options to choose from depending on your home ZIP code. All options provide coverage for preventive care, basic and major restorative care, and orthodontia.</p> <ul style="list-style-type: none"> • Preferred Dentist Program – PDP (MetLife) • Dental Maintenance Organization – DMO (Aetna*) • Dental Health Maintenance Organization – DHMO (Cigna*) 	<p>Search for providers for each of these options on the Benefits Web Center.</p>

Program	Description	Where to go for help
	<p>Before selecting the Aetna DMO or Cigna DHMO, please carefully review the network of dental providers available under these two options as out-of-network coverage is not available. If you cannot find a dentist near you under these two options you should select the MetLife PDP option which offers the choice between in-network and out-of-network dental care.</p> <p>*Independent of the health care company you choose for medical.</p>	
<p>Spending Accounts</p> <p>(These elections must be made each year; prior year elections don't automatically carry over.)</p>	<p>The Health Care Spending Account (HCSA) allows you to set aside pre-tax money to pay for eligible out-of-pocket health care expenses, including medical and prescription drug expenses once your MRA is depleted. You can also use your HCSA to pay for out-of-pocket dental and vision expenses.</p> <p>If you're on an approved Leave of Absence or plan to go on LOA in 2026, review the important information on page 23.</p> <p>The Dependent Care Spending Account (DCSA) allows you to set aside pre-tax money to cover eligible child care or adult care expenses, including:</p> <ul style="list-style-type: none"> • Child care expenses for dependent children under the age of 13 • Child care expenses for older children who are disabled • Adult care expenses for your tax-qualified adult dependents 	<p>Use the Health Care Spending Account Estimator on the Benefits Web Center.</p>
<p>Vision</p>	<p>The Vision Plan, administered by EyeMed, helps you and your family pay for covered vision expenses, such as eye exams, prescription glasses (lenses and frames) and contact lenses.</p>	<p>Search for providers on the Benefits Web Center.</p>
<p>Long-Term Disability</p>	<p>Long-Term Disability (LTD) coverage provides income replacement if you're unable to work for an extended period due to an illness or injury.</p>	<p>Visit the Benefits Web Center.</p>

Program	Description	Where to go for help
	<p>Employees who meet the LTD Plan's eligibility requirements and who have a TACC of less than \$80,000 in effect for the plan year are automatically enrolled in Group LTD coverage for that plan year at JPMorganChase's expense — no employee contributions are required. For all other employees, participation in Group LTD coverage is optional, and is available by making after-tax contributions for coverage.</p> <p>Reminder: Any election or increase made during Annual Benefits Enrollment will be subject to Evidence of Insurability or proof of good health.</p>	
<p>Life and Accident Insurance</p>	<p>You can elect to purchase Supplemental Term Life (STL) and Accidental Death and Dismemberment (AD&D) Insurance for yourself and/or your eligible dependents through MetLife, the insurance carrier. You pay the full cost of the STL and AD&D insurance you elect for yourself, your spouse/domestic partner, and your eligible dependents. You can choose your coverage level for yourself, your spouse/domestic partner, and your child(ren) when enrolling.</p> <p>Reminder: JPMorganChase automatically provides you with Basic Life Insurance equal to 1x your TACC up to a maximum of \$100,000.</p> <p>Any STL election or increase made during Annual Benefits Enrollment will be subject to Evidence of Insurability – or proof of good health.</p>	<p>Visit the Benefits Web Center.</p>
<p>Group Legal Services Plan</p>	<p>Our Group Legal Services Plan gives 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, name changes, consumer protection, traffic matters and more.</p>	<p>Visit the Benefits Web Center.</p>

Program	Description	Where to go for help
Group Personal Excess Liability Insurance Plan	<p>This coverage offers additional liability protection — sometimes referred to as umbrella coverage — for damages and costs arising from bodily injury or personal injury to others, or for damages to the property of others. This insurance covers what you or a covered family member may be liable for beyond the limits of liability provided by your primary auto, homeowners, renters, recreational vehicle, motorcycle and watercraft insurance policies.</p> <p>Reminder: Once enrolled, your policy will be sent to your work email address. You should review the policy each year for changes to coverage or policy provisions.</p>	Visit the Benefits Web Center .
Employee Stock Purchase Plan	<p>You're eligible to enroll in the Employee Stock Purchase Plan (ESPP) during each annual enrollment period if you're a U.S. benefits-eligible employee, you were hired on or before Sept. 30, and your Total Annual Cash Compensation (TACC) is less than \$250,000.</p> <p>This is an opportunity to become an owner of JPMorganChase and purchase the company's common stock through payroll contributions at a 5% discount and without paying a broker's fee. Stock purchases take place on the first day that trading is conducted on the NYSE in Jan., April, July and October.</p>	Learn more by reviewing the Employee Stock Purchase Plan Prospectus .
Tobacco Cessation Program	<p>When you enroll in the medical*, supplemental life insurance or long-term insurance benefit plans, you'll be asked to affirm your tobacco status or pay a premium surcharge. If you and/or your covered spouse/domestic partner completes the Quit for Life® Program by Friday, Dec. 5, 2025, you won't have to pay the tobacco-user surcharge for these benefits in 2026.</p> <p>* The recommendations of an individual's personal physician will be accommodated.</p>	Enroll at myquitforlife.com/jpmorganchase or call 1-866-QUIT-4-LIFE (1-866-784-8454) and schedule time to talk with a coach.

Information for employees on an approved Leave of Absence (LOA)

Important Annual Enrollment information for employees on an approved Leave of Absence as of Sept. 18, 2025 and those who go on leave in 2026:

- If you are on an approved Leave of Absence as of Sept. 18, 2025 (regardless of return to active employment status after this date), your Annual Enrollment period will begin Oct. 29, 2025, and end Nov. 14, 2025.

If you are on an approved Leave of Absence when you submit your 2026 Benefit Elections:

- For Supplemental Term Life Insurance and Accidental Death and Dismemberment Insurance, you can elect to decrease or waive coverage, but you will not have the option to increase your coverage while on leave.
- If you're on an unpaid leave at any time following the start of Annual Enrollment, you may not be given the option to elect a Health Care Spending Account as part of annual enrollment but may elect it within 31 days following the date you return to active employment.
- If you're currently enrolled in the Group Long-Term Disability (LTD) Plan, coverage under the Group LTD Plan automatically ends after 16 consecutive weeks of non-medical paid or unpaid Leave of Absence. Should you fall into this situation and want to continue coverage, you will need to re-elect Group LTD Plan coverage within 31 days of your return to active employment, and you must satisfy Evidence of Insurability (EOI) before coverage is effective. Please note: This only applies to you if you're enrolled in employee-paid Group LTD coverage.
- If you're enrolled in Company-paid Group LTD, your coverage will be automatically reinstated when you return to active employment, and no EOI will be required.
- Confirmation of your 2026 benefits elections will be mailed to your home address.

If you are on an approved Leave of Absence during 2026:

- While on leave, you're not eligible for the Dependent Care Spending Account (DCSA), and your participation ends. You'll have 31 days from the date you return to active employment to enroll in the Dependent Care Spending Account. Please be aware that you may not receive reimbursement for expenses incurred during any period that you are not eligible for the DCSA, such as during a LOA.
- Each period of participation in the account is an independent period of eligibility and funds are not cumulative. This means if you participate in the account Jan. 1-March 31 and have \$1,200 in contributions, you may receive up to \$1,200 in reimbursement for eligible expenses incurred Jan. 1-March 31. If following a leave of absence, you re-elect the account within 31 days starting August 1 and remain participating through December 31, contributing \$2,000, you may receive up to \$2,000 in reimbursement for eligible expenses

incurred August 1-December 31. Please note this can be especially important for employees taking a parental leave of absence.

Disclosures and disclaimers

This 2026 Annual U.S. Benefits Enrollment Bulletin (Bulletin) modifies the JPMC Benefits Guide (Guide) and component Summary Plan Description (SPD) and is intended to be a summary of material modifications (SMM) with respect to the applicable plans. It supplements, clarifies, and amends various sections of the Guide and should be referred to as part of the Guide and applicable component SPDs. You are encouraged to save or print this document and retain it for your records. If there is a discrepancy between the terms of the Guide or its applicable component plan(s), as amended, and this SMM, the terms of the Guide or the applicable component plan(s), as amended, will control.

This Bulletin is currently available on My Health > [2026 Benefits Resources](#) and on the [Benefits Web Center](#).

[Benefit reminders](#): Review several disclosures and annual notices that are required by law for companies that offer group health plans.

[Important disclaimers](#): Review important disclaimers regarding the JPMorganChase U.S. Benefits Program.

U.S. Benefits Program

2025 Year-end Bulletin

As 2025 comes to a close, we want to help ensure that **making the most of your benefits is top of mind**. We hope that you find this bulletin — which is filled with tips, reminders and actions you may want to take — helpful as the countdown to 2026 starts. Please keep in mind that the information in this bulletin covers both **this year's benefits** as well as the **benefits you may have enrolled in for 2026**.

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For full details and updates about any of the health, insurance or retirement benefits offered under the U.S. benefits program, please refer to [Your JPMC Benefits Guide](#), which contains the Summary Plan Descriptions (SPDs) for each of the benefits.

Plan Years' Checklists

2025 Plan Year: Key Actions and Reminders

As we close out 2025 and prepare for 2026, it's important to stay informed about key year-end benefit actions and deadlines. Timely attention to these items helps ensure your benefits and accounts are managed accurately as we transition into the new year.

When	What you need to know/do:	Why is it important?
Medical, Prescription Drug, Dental, Vision, Group Legal Services claims		
By Dec. 31, 2025	File claims for these plans for the 2024 plan year if you need to.	All unsubmitted claims for 2024 will need to be filed by Dec. 31, 2025.
2025 Health Care and Dependent Care Spending Accounts (HCSA and DCSA)		
By Dec. 31, 2025	HCSA: Use remaining 2025 balance for eligible expenses incurred by Dec. 31, 2025.	You may carry over up to \$660 to your 2026 HCSA; amounts over this limit will be forfeited. Unused balances under \$25 will not carry over if you do not contribute in 2026.
By Dec. 31, 2025	If you received a letter from your HCSA administrator requesting documentation for an unsubstantiated claim, submit any requested documents (e.g., itemized receipts, EOBs) as soon as possible. This will help ensure your claim is approved and you don't lose access to your HCSA funds.	IRS rules require us to reprocess unverified health care debit card claims as taxable income (processed in a future year).
By Dec. 31, 2025	DCSA: Use your remaining 2025 DCSA funds for eligible purchases.	Any unused balances will be forfeited after year end.
By March 31, 2026	HCSA and DCSA: Submit reimbursement claims for eligible 2025 HCSA and DCSA (expenses incurred during calendar year 2025).	Reminder that all expenses must be submitted by March 31, 2026.

When	What you need to know/do:	Why is it important?
Retirement Savings Program		
Jan. 2026	<p>Your 2025 Retirement Plan Statements and Tax Forms: Review your annual statements for the JPMorgan Chase 401(k) Savings Plan (“401(k) Savings Plan”) and Retirement (Pension) Plan (Note: If you were hired on or after Dec. 2, 2017, the Pension Plan does not apply to you.), and Form 1099-R if you took a distribution in 2025.</p>	You should retain these for your records and may need this information for tax filing purposes (if you took a distribution in 2025).
Early Feb. 2026	<p>Confirming Company Contributions to Your 401(k) Account: If eligible, confirm receipt of company contributions:</p> <ul style="list-style-type: none"> - Special Award¹ - Company match² - Automatic pay credits³ <p>You may check your 401(k) account balance by visiting the 401(k) Savings Plan Web Center via My Rewards. See footnotes below for eligibility details.</p>	Your company contributions, if any, are paid in February.
April 1, 2026	<p>Monitoring 401(k) Contribution Limits and Requesting Refunds for Excess Contributions: If you contributed to another employer’s 401(k) in 2025, ensure your combined contributions do not exceed the annual limit. To request a refund of excess contributions, contact Empower at 1-866-JPMC401k before April 1, 2026.</p>	You are responsible for tracking 401(k) contributions made at a previous employer.

¹ You’re eligible for the company match the first of the month coincident with, or next following, the completion of one year of total service, provided your Total Annual Cash Compensation is less than \$1,000,000. If your Total Annual Cash Compensation is between \$350,000 and \$999,999, the company match is capped at \$10,000 annually. Only contributions made, and compensation earned, after one year of service are match eligible. You must generally be actively employed on December 31 of the year to receive the company matching contribution for the year. Please note that after-tax contributions are not eligible for matching.

² The Special Award will be awarded to eligible employees of JPMorganChase and any of its subsidiaries that were at least 80% owned by JPMorganChase if such subsidiary is participating in JPMorganChase’s benefits programs on the contribution date. This Special Award does not confer on an eligible employee any right or entitlement to, nor does the Award impose any obligation on JPMorganChase to provide, the same or any similar award in the future. No payments under the Award shall be taken into account as salary or other relevant compensation in determining an eligible employee’s benefits under any compensation, pension or welfare plan, program, or arrangement maintained by JPMorganChase. This program (or a similar one) applies to eligible employees outside the United States, unless the laws of a particular jurisdiction restrict or otherwise do not make it feasible to extend the benefits of the program to employees located in that jurisdiction.

³ You’re eligible for automatic pay credits after one year of total service. If you were a benefits-eligible employee as of Dec. 31, 2018, you are continuously employed after that date, and your Total Annual Cash Compensation in effect for the plan year is less than \$350,000, automatic pay credits will equal 3% to 5% of your Eligible Compensation (where compensation is capped at \$100,000 annually) based on your years of pay credit service.

When	What you need to know/do:	Why is it important?
Employee Stock Purchase Plan (ESPP)		
Mid-Dec. 2025	If you received \$10 or more in dividend income, view or print your 2025 1099-DIV or 1042-S form from your Computershare account via My Rewards .	You'll need this for tax filing purposes.
No later than Feb. 17, 2026	Your 2025 year-end statement and Form 1099-B (for 2025 transactions and stock sales, if any) will be available on your Computershare account and mailed home unless you opted for electronic delivery.	You'll need this for tax filing purposes.
No later than Feb. 17, 2026	Your 2025 year-end statement and Form 1099-B (for 2025 transactions and stock sales, if any) will be available on your Computershare account and mailed home unless you opted for electronic delivery.	You'll need this for tax filing purposes.
Annual Incentive Compensation 401(k) Savings Plan contribution		
By Dec. 31, 2025	Electing 401(k) contributions from AIC: Make or change your election to contribute from the cash portion of your Annual Incentive Compensation (AIC), if any, paid in 2026 on the 401(k) Savings Plan Web Center via My Rewards .	If you do not make any updates, your prior year's election (if any) will be in effect.
Tax Document Availability		
Starting Jan. 23, 2026	<p>2025 Form 1095-C and Form 1095-B (enrolled in Kaiser HMO (CA only)): The Form 1095-C details the health coverage JPMorganChase offered you and your family during 2025. Beginning with the 2025 tax year, JPMC will no longer automatically distribute Form 1095-C*. Instead, you can retrieve your 2025 Form 1095-C from the Benefits Web Center via My Health or request a paper copy if needed by contacting 1-844-ASK-JPMC (or 1-212-552-5100 if calling from outside the U.S.).</p> <ul style="list-style-type: none"> - If you are covered under the JPMC medical plan Kaiser HMO (CA only), you will also have access to a Form 1095-B, which lists any enrolled dependents. You can view your 1095-B tax form online at kp.org/mytaxdocs, or request a printed copy by calling Kaiser at 1-844-477-0450 (Monday to Friday, 8 a.m. to 6 p.m. PST; Saturday to Sunday, 7 a.m. to 3 p.m. PST). <p>* Employees living in DC, NJ or RI will still receive forms by mail.</p>	Your Form 1095-C will not be mailed to home mailing address.

Note: This table is continued on the next page

When	What you need to know/do:	Why is it important?
<p>By Jan. 31, 2026.</p>	<p>Form 1099-R for 401(k) After-tax and Roth Conversion You will have access to a 2025 Form 1099-R on the 401(k) Savings Plan Web Center if you received a distribution of \$10 or more from your 401(k) or you converted an amount (such as after-tax contributions) to Roth in your 401(k) plan this year. The Form 1099-R will be mailed if electronic delivery was not elected. What you can expect to see on your 1099-R depends on whether the amounts have already been taxed (such as after-tax contributions) or are taxable amounts (such as any earnings or before-tax contributions).⁴</p> <ul style="list-style-type: none"> - If you made after-tax contributions to your 401(k) and then converted those funds to a Roth account within your plan, your 1099-R—issued in late January 2026—will show the amount you moved. <ul style="list-style-type: none"> - If you had no prior after-tax balance and established a recurring IPRC at 100%, your Form 1099-R will show only your after-tax contributions converted to Roth, with no taxable amount displayed. - If you had an existing after-tax balance or set up the recurring IPRC later or less than 100%, the form will reflect both your after-tax contributions and any earnings, with the taxable amount displayed representing the earnings portion. <p>Your 1099-R will show:</p> <ul style="list-style-type: none"> - Box 1 (Gross Distribution): The total amount converted (after-tax contributions plus any earnings). - Box 2a (Taxable Amount): Only the earnings portion is taxable. The after-tax contributions are not taxed again. - Box 5 (Employee Contributions): The amount of your after-tax contributions. - Box 7 (Distribution Code): A code indicating a Roth conversion. <p>Please note that any after-tax contributions will also appear on your W-2 (box 14).</p>	<p>You will need to report any income shown on the form when completing your taxes.</p>

⁴ When you convert, only the earnings on your after-tax contributions are taxable at the time of conversion. The contributions themselves are not taxed again.

2026 Plan Year: Upcoming Actions and Reminders

It's important to start the new year off right. These reminders will help you prepare for the new benefit year, which starts on Jan. 1, 2026.

When	What you need to know/do:	Why is it important?
Medical, Prescription Drug, Dental and Vision		
Late Dec. 2025	New ID Cards for 2026 Coverage Changes: If you chose new or different coverage for 2026 versus 2025, expect new ID cards from your medical and prescription drug carriers.	You'll need to use your new ID card(s) starting Jan. 1, 2026 (and HCSA and/or MRA debit card, if applicable).
Medical Reimbursement Accounts (MRAs) and Health Care and Dependent Care Spending Accounts		
April 2026	<p>Switching Health Care Company for 2026: If you switched health care companies for 2026 benefits, your unused 2025 MRA and HCSA funds will transfer to your new company (if this causes hardship, contact your new health care company). If you elected Cigna, Kaiser HMO (CA), Centivo Select Plan (Dallas-Fort Worth, TX) or no coverage, your MRA, HCSA and/or DCSA is managed by Cigna. If you elected Aetna, your accounts will be managed by Aetna.</p> <ul style="list-style-type: none"> - You will receive a new debit card in 2026 if you changed health care companies, newly enrolled in certain plans, chose the debit card option, your card expires, or you enrolled in HCSA without a JPMC Medical Plan. 	Know when your unused MRA and HCSA funds will be available through your new health care company.
Group Personal Excess Liability (PEXL) Insurance		
Mid-Jan 2026	If enrolled, look for your 2026 PEXL Certificate of Insurance sent by email, from JPMC.PEXL@mmc.com.	If you don't receive this email, you'll need to contact Marsh McLennan Agency at 1-855-426-1380, M-F, from 8 a.m.-6 p.m. ET (if you don't have a corporate email address, your certificate will be mailed to your home address.)

Other Important Plan Reminders

Medical, Prescription Drug, Dental and Vision

Welcome Guide for New Kaiser HMO (CA) or Centivo Select Plan Members

- If you newly signed up for the Kaiser HMO (CA) or the Centivo Select Plan (Dallas-Fort Worth, TX), you'll also get a *Welcome Guide* at home to help you register, choose primary care providers, get prescriptions and find care.

Physical, Speech and Occupational Therapy Coverage Update for 2026 (Aetna, Cigna, and Centivo Select Plan Members Only)

- We are making a change to the coverage for physical, speech, and occupational therapy rendered by a licensed therapist. In 2026, members who have reached the 60-visit limit and require additional sessions may contact their health care company to request approval for extra visits based on medical necessity.

Enhanced Infertility and Fertility Coverage for Kaiser HMO (CA) in 2026

- Per California state law, beginning **Jan. 1, 2026**, enhancements to the Kaiser HMO (CA only) plan's infertility and fertility service coverage will take effect. For more information, updated Evidence of Coverage (EOC) documents will be available on choose.kp.org/jpmc and jpmcbenefitsguide.com in the new year. If you have questions or need further assistance, you may contact Kaiser directly.

Medical Reimbursement Accounts (MRAs) and Health Care and Dependent Care Spending Accounts

2026 Health Care and Dependent Care Spending Accounts (HCSA and DCSA) IRS Annual Limits

- The 2026 HCSA annual limit is \$3,400 with a \$680 carryover maximum. The 2026 DCSA limit is \$7,500 (\$3,750 if married filing separately); lower limits may apply if you earned more than \$160,000 in 2025.

Transportation Spending Account (TSA)

- For the 2025 plan year, you have 180 days after the end of any month in which you participated in the Parking "Pay Me Back" Account to submit claims for the 2025 plan year.
- For 2026, the monthly transit and parking limits are increased to \$340 each per month.

Retirement Savings Program

Reminder - Company Match Eligibility for 2025 New Hires

- If you are a new hire, you will be eligible for company match on the first of the month coincident with, or next following, the completion of one year of "total service", provided that your TACC in effect for the plan year is less than \$1,000,000.
- For example, a full-time employee who is hired April 2, 2025 is eligible to contribute to the Plan immediately; however, contributions made between April 2, 2025, and April 30, 2026, are not eligible for matching contributions. Any amounts up to 5% of Eligible Compensation contributed from May 1, 2026, through the end of 2026 will be matched, assuming the participant is actively

employed as of Dec. 31, 2026. These matching contributions will be credited to the participant's Plan account in early 2027.

- Keep in mind at what point during the year you will become eligible for the company match as you make your before-tax, Roth and Annual Incentive Compensation (AIC) contribution elections. If you reach the IRS contribution limit and your contributions stop before you become eligible for the company match, you will not receive company match for that year. Note: after-tax contributions are not matched.

2025 Special Award

We're providing a Special Award of \$1,000 (not to exceed 8.5% of salary/regular pay or fixed pay in certain locations) to eligible employees. In the U.S., this award will be a contribution to the 401(k) Savings Plan. You generally qualify if you have at least one year of service as of Dec. 31, 2025, your job grade is Vice President or below and your annual cash compensation is under \$80,000 (determined as of Aug. 1, 2025).

After-Tax Contributions

Effective **July 23, 2025**:

- The 401(k) Savings Plan offers a new after-tax contribution option (in addition to before-tax and Roth) with an in-plan Roth conversion option. Participants are able to contribute up to \$10,000 annually on an after-tax basis, meaning all applicable taxes have already been withheld. Because after-tax contributions are taxed at the time they are made, they are not taxed again upon withdrawal, but any associated earnings are generally taxable when withdrawn from the 401(k) Savings Plan. After-tax (non-Roth) contributions are not eligible for the company match.
- To convert your after-tax contributions to Roth, you must complete a second step by electing a recurring in-plan Roth conversion, so that any subsequent investment earnings on the converted Roth contributions will be tax-free, provided they are part of a Roth "qualified distribution." During this second step, you will be required to select the percent of contribution you would like to convert at the time of election. Any taxable amounts included in the conversion are considered taxable income for the year of conversion, and the participant is responsible for paying all applicable taxes (the Plan will not withhold taxes on the conversion).

Target Date Fund changes

- Target Date Funds are structured so that their asset allocations and associated risk levels will change over time with the objective of becoming more conservative as the "target date", which may be an expected retirement date, approaches.
- The investment lineup in the 401(k) Savings Plan target date series is changing as follows:
 - o Effective February 27, 2026, the Target Date 2025 Fund will merge into the Target Date Income Fund and will no longer be available. Balances, future contributions, and loan repayments directed to the Target Date 2025 Fund will be automatically redirected to the Target Date Income Fund unless you make a change.
 - o Effective March 2, 2026, the Target Date 2070 Fund will be added. Participants born on or after January 1, 2004, with balances, future contributions, or loan repayments defaulted into the Target Date 2065 Fund will be automatically redirected to the Target Date 2070 Fund unless you make a change.

You can make changes at any time to your existing investments, and/or change how your future contributions and loan repayments will be invested through the 401(k) Savings Plan Web Center via [My Rewards](#) and 401(k) Savings Plan Call Center (1-866-JPMC401k).

For more details, see the 401(k) [Target Date Fund Change Bulletin](#).

2026 401(k) Savings Plan IRS Contribution Limits by Age

Effective Jan. 1, 2026:

- In 2026 you may contribute the following amounts (as before-tax and/or Roth) to the 401(k) Savings Plan based on your age. If you are age 50 or older, you can contribute catch-up contributions, which are included in the total amount listed by age below:
 - o Under age 50: \$24,500
 - o Age 50–59: \$32,500
 - o Age 60–63: \$35,750
 - o Age 64 and older: \$32,500

[Learn more](#) about limits, contributions and how they work.

Changes to Roth catch-up contributions applicable to employees who will be at least age 50 by Dec. 31, 2026

- Tax regulations limit the amount of contributions that can be made to 401(k) plans on an annual basis; for 2026, the limit across both before-tax and Roth contributions combined is \$24,500*. Employees who will be at least age 50 by the end of the calendar year are permitted to make additional contributions above this limit, called “catch-up” contributions. If you reach this limit during the calendar year, your contributions automatically continue with those over the annual limit classified as “catch-up” contributions and are subject to their own limit, which ranges from \$32,500 to \$35,750 depending on your age.
- Starting Jan. 1, 2026, newly effective legislation requires that if your Social Security wages (box 3 on your Form W-2) were at least \$150,000 in the prior year, any catch-up contributions to the JPMorgan Chase 401(k) Savings Plan (401(k) Savings Plan) will be made as Roth contributions using after-tax dollars*. You do not need to take any action for your 2026 catch-up contributions to automatically switch to Roth once you meet the IRS combined contribution limit (\$24,500) **, or for your contributions to switch back to your contribution elections for the following calendar year.
- **Important:** If you want to opt out of 401(k) catch-up contributions, plan your contribution rates accordingly to either meet the limit with the last pay period in December, or update your contribution rate to 0% on the 401(k) Savings Plan Web Center once you reach the limit.
- **Please note:** If you lower or change your contribution rate to 0% to stop contributions after meeting the 2026 IRS limit, you’ll need to update your 401(k)-contribution rate in late Dec. 2026 to restart your contributions for Jan. 2027.

*If you are contributing both before-tax and Roth, and you prefer to maximize your pre-tax contributions, review your contribution rates to ensure you are meeting your before-tax contribution goal before you reach the \$24,500 IRS limit.

**Before-tax contributions reduce your tax withholding, while Roth catch-up contributions do not. When your contribution switches to Roth, your take-home pay may decrease due to higher tax withholding.

Employee Stock Purchase Plan (ESPP)

- The 5% discount will appear in box 12 of your W-2 in Jan. 2026.
- If you are a new participant in ESPP for 2026, complete a W-9 or W-8BEN tax certification after your first April purchase.
- If you enrolled in the ESPP for 2026, JPMorganChase is legally required to distribute the Plan Prospectus to all enrolled individuals. You are encouraged to access and save the current [JPMorgan Chase Employee Stock Purchase Plan Prospectus](#).

Beneficiaries

Reviewing and Updating Your Beneficiaries

We encourage you to review and update your beneficiary designations each year. For most benefit plans, you may do so using the [Beneficiary Designation Management system](#), accessible via [My Rewards](#).

- For Basic Life, Business Travel Accident, Employee Supplemental Term Life and Employee Accidental Death and Dismemberment Insurance Plans: Benefits will be paid to your:
 - o Surviving spouse or civil union partner; if none, then:
 - o Surviving children (in equal shares); if none, then:
 - o Surviving parents (in equal shares); if none, then:
 - o Surviving siblings (in equal shares); if none, then:
 - o Estate.

401(k) Savings Plan and Retirement (Pension) Plan Beneficiary Rules

- For the 401(k) Savings Plan and Retirement (Pension) Plan: Your vested account balances will automatically be payable to your spouse or to your estate if you're not married. For the Pension Plan (applicable to employees hired before Dec. 2, 2017), if you're married and you named someone other than your spouse as your beneficiary before age 35, that designation becomes invalid at 35. Unless you submit a new beneficiary designation, your vested Pension balance will be payable to your spouse if you're still married at the time of your death, or to your estate if you're not. (Note: If you were hired on or after Dec. 2, 2017, the Pension Plan does not apply to you).

Long-Term Incentive Plan Beneficiaries

- For the long-term incentive plans (i.e. restricted stock units, mandatory investor program) if you do not designate a beneficiary, any distributions will be made to your estate.

If you were part of a company that was acquired in 2025, any beneficiary designations made for your prior company's benefit plans did not carry over to the JPMC plans.

Summary Plan Description Updates

This bulletin modifies and changes [Your JPMC Benefits Guide](#). It serves as a summary of material modifications (SMM) for certain plans under the JPMorgan Chase U.S. Benefits Program, supplementing, clarifying and amending various sections of the Guide. Please refer to this document as part of the Guide and its Summary Plan Descriptions (SPDs) and keep this information for your records. If there is any discrepancy between the terms of the applicable plan's governing documents, as amended, and this SMM, the terms of the governing documents will control.

This 2025 U.S. Benefits Year-End Bulletin will soon be posted on [Your JPMC Benefits Guide](#).

Benefits Contact Information

- Visit [My Health](#) for health and insurance benefits information.
- Visit the [Retirement Savings](#) for information about the U.S. Retirement and Savings Program and [Employee Stock Purchase](#) for more details about the Employee Stock Purchase Plan.
- For personalized assistance, please use [Who to call with benefits questions](#).

This Bulletin is being sent to U.S. benefits-eligible and U.S. home-based global mobility employees.

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. JPMorganChase expressly reserves the right to amend, modify, reduce, change or terminate its benefits plans at any time. The benefit plans offered by JPMorganChase do not create a contract or guarantee of employment between JPMorganChase and any individual. JPMorganChase or you may terminate the employment relationship at any time.

Dec. 2025