The Spending Accounts

Effective 1/1/25

The Spending Accounts allow you to set aside before-tax money to help pay for eligible health care, dependent care and work-related transportation expenses. This means that the money you set aside in the accounts to pay for these expenses comes out of your pay before federal (and most state and local) income, Social Security and Medicare taxes are calculated, which saves you money!

JPMorganChase offers three spending accounts:

- ***Health Care Spending Account** — for eligible out-of-pocket health care expenses;*
- ***Dependent Care Spending Account** — for eligible child or elder care expenses that let you (and your spouse, if you're married) work, or let your spouse attend school full-time; and*
- ***Transportation Spending Accounts** — for eligible commuting and parking expenses to and from work at JPMorganChase.*

The Health Care Spending Account is an ERISA plan. The Dependent Care Spending Account and the Transportation Spending Account are not ERISA plans and are therefore not governed by the rules and procedures of ERISA. This document is a description of those Plans for informational purposes only. This section will provide you with a better understanding of how the Spending Accounts work, including how and when expenses are paid.

Questions?

If you still have questions after reviewing this Guide, you can contact the appropriate administrator for your spending account: Your Medical Plan carrier — Aetna/Inspira or Cigna – is the administrator of your Health Care and Dependent Care Spending Accounts. If you are not enrolled in the Medical Plan, Cigna is your administrator of these accounts. The Transportation Spending Accounts are administered by Health Equity (formerly WageWorks)

- Aetna/Inspira: (888) 678-8242
- Cigna: (800) 790-3086
- Health Equity: (877) 924-3967

For additional resources, consult the *Contacts* section.

Be sure to see important additional information about the Plan, in the sections titled About This Guide, What Happens If … and Plan Administration.

About this Summary Plan Description

This section is the summary plan description (SPD) and the plan document for the JPMorgan Chase Health Care Spending Account. Please retain this section for your records. Other sections may also constitute the complete SPD/plan document, including the *Plan Administration* section.

This section is also a summary of the Dependent Care Spending Account and the Transportation Spending Account, though it is not an SPD or plan document, as these plans/programs do not require an SPD or plan document.

This summary does not include all of the details contained in the applicable insurance contracts, if any. For plans with applicable insurance contracts, if there is a discrepancy between the insurance contract and this SPD/plan document/summary, the insurance contract will control.

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

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Spending Account Highlights

The facts below cover the spending accounts in general. Please see the start of each account section, for more detailed highlights specific to each account.

How You Save	The accounts help you save money because you contribute to the accounts on a before-tax basis. This means that the money in the accounts that you use to pay for eligible expenses is not subject to most income taxes. See "How You Save: Spending Accounts and Taxes" on page 5 for an example of these savings.
How You Might Lose Your Contributions	For the Health Care and Dependent Care Spending Accounts, if you don't use your contributions to cover eligible expenses by the deadlines, your contributions maybe forfeited. Please plan carefully to ensure you apply for reimbursement on time. For the Health Care Spending Account, please see "The "Use It or Lose It" Rule" on page 16. For the Dependent Care Spending Account, please see "The "Use It or Lose It" Rule" on page 23. For the Transportation Account, please see "Unused Before-Tax Dollars" on page 30.
Accounts Are Not Transferrable	The contributions you make to one of the accounts cannot be transferred to another one of the accounts, and they can only be used for eligible expenses under that account. For example: ▪ You cannot transfer Dependent Care Spending Account funds to your Health Care Spending Account. ▪ You cannot cover eligible Health Care Spending Account expenses with funds from your Dependent Care Spending Account.
Health Care Spending Account	You can contribute between $240 and $3,200 a year (as of 2024) on a before-tax basis to pay for eligible out-of-pocket health care expenses for you or your tax dependents, provided those expenses are incurred during the plan year (January 1 – December 31). Eligible expenses include many medical, prescription drug, dental and vision expenses. You have until March 31 of the year following the plan year to submit eligible claims for reimbursement. Internal Revenue Service rules provide that you can carry over to the following plan year up to $640 (as of 2024) of any balance not used for eligible expenses. Any additional balance over $640 will be **forfeited** and may not be used for expenses incurred in the following plan year. **Please Note:** If you are enrolled in the JPMorgan Chase Medical Plan, funds in your Medical Reimbursement Account (MRA) will be used to pay for eligible medical and prescription drug out-of-pocket expenses *before* your Health Care Spending Account funds are used. You need to carefully consider the amount you plan to contribute to the Health Care Spending Account in order to avoid having to forfeit a leftover balance that exceeds $640.
Dependent Care Spending Account	You generally can contribute between $240 and $5,000 a year on a before-tax basis, subject to certain limits required under the Internal Revenue Code (IRC) with respect to before-tax contributions for highly compensated employees (for 2025, W-2 compensation $155,000 or more in 2024). The contributions can be used to pay for eligible dependent care expenses incurred during the plan year (January 1 – December 31). You have until March 31 of the year following the plan year to submit eligible claims for reimbursement. You must provide the taxpayer identification number or Social Security number of any day care provider that you may use for an eligible tax dependent. Any balance not used for eligible expenses incurred during the plan year (January 1 – December 31) will be **forfeited** and may not be used for expenses incurred in the following plan year.

Transportation Spending Accounts	The Transportation Spending Accounts include a Transit Account and a Parking Account. You can participate in either or both accounts. ▪ **Transit Account.** You can generally contribute up to $315 a month (for 2024) on a before-tax basis for eligible mass transit passes (for example, commuter bus, train, subway, ferry passes, tickets and vouchers) or vanpooling expenses. ▪ **Parking Account.** You can contribute up to $315 a month (for 2024) on a before-tax basis for eligible parking expenses if you drive directly to work or to a location from which you commute to work at JPMorganChase (for example, park and ride). You can contribute on a before-tax basis to either account. If your commuting/parking costs exceed the legal before-tax monthly limits under the Transportation Spending Accounts, those additional costs will automatically be deducted through payroll deductions on an after-tax basis.
Contribution Limits May Change	The maximum before-tax contribution amounts shown here are legal limits for the calendar year 2024. The limits may change periodically subject to Internal Revenue Service (IRS) regulations.
No Impact on Your Other JPMorganChase Benefits	Your before-tax contributions to your spending accounts do not affect your other pay-related benefits at JPMorganChase. Your benefits under the 401(k) Savings Plan, Life and Accident Insurance Plans, Short-Term Disability Plan and Long-Term Disability Plan will continue to be based on your full, unreduced benefits pay.

How You Save: Spending Accounts and Taxes

Spending accounts save you money because the money that goes into the account on a before-tax basis reduces your taxable income. You use the money in the account to reimburse yourself for eligible expenses. You save because you owe less in taxes, and in most locations the savings apply to state and local income taxes, as well as federal income taxes and Social Security and Medicare taxes.

Remember, if you pay for expenses using a spending account, you can't take a tax deduction or credit for those expenses when you file your taxes.

JPMorganChase cannot offer tax advice. You should consult your tax advisor about whether you are better off using spending accounts or tax deductions and/or credits.

Participating in the Spending Accounts

This section describes the general guidelines for participating in the Spending Accounts. Participating in the Spending Accounts is optional. Note that for the Spending Accounts, you are "participating" when you are actively making contributions to your account(s).

Who's Eligible?

In general, you are eligible to participate if you are:

- Employed by JPMorgan Chase & Co., or one of its subsidiaries that has adopted the Plan, on a U.S. payroll and you are subject to FICA taxes;
- Paid hourly, salary, draw, commissions, or production overrides; and
- Regularly scheduled to work 20 or more hours per week.

Whose Expenses Are Eligible?

There's a difference between being eligible to participate (contribute) and whose expenses are eligible.

- For the Dependent Care Spending Account, the account must be to pay for care for a dependent child under age 13 or for an adult who is your tax dependent. For non-child dependents, this includes any dependent (including your spouse) who is physically or mentally incapable of self-care and who lives with you for more than six months out of the year, or who otherwise meets the definition of a dependent under the Internal Revenue Code (IRC) definition during the period of coverage.
- For the Health Care Spending Account, you can use the account to cover your eligible expenses, and it can also be used to cover eligible expenses for your tax dependents.
- For the Transportation Spending Accounts, only your commuter expenses to and from work at JPMorganChase are eligible.

Who's Not Eligible?

An individual who does not meet the criteria under "Who's Eligible?" as well as an individual classified or employed in a work status other than as a common law salaried employee by his or her employer is not eligible for the Plan, regardless of whether an administrative or judicial proceeding subsequently determines this individual to have instead been a common law salaried employee.

Examples of such individuals include an:

- Independent contractor/agent (or its employee);
- Intern; and/or
- Occasional/seasonal, leased, or temporary employee.

Cost to Participate

There is no administrative cost to participate in any of the Spending Accounts. Your cost is really the amount you choose to contribute to the accounts. The factor to consider is how much you should contribute, based on your eligible expenses you expect to incur and how much you can afford.

See the "Your Contributions" section in the description of each account for more details.

How to Enroll

Health Care and Dependent Care Spending Accounts

To participate in the Health Care and Dependent Care Spending Accounts you must actively enroll each year.

If you want to enroll, the process varies, depending on whether you are a:

- Current, eligible employee, enrolling during Annual Benefits Enrollment;
- Newly hired employee; or
- Current, eligible employee, enrolling or changing your benefits outside of Annual Benefits Enrollment.

Transportation Spending Accounts

For the Transportation Spending Accounts, if you have already enrolled, your elections will continue until you change them. You do not need to actively enroll each year or each month.

Enrolling if You Are an Employee

Health Care and Dependent Care Spending Accounts

During Annual Benefits Enrollment, you can make your elections through the Benefits Web Center on **My Health** or through 1-844-ASK-JPMC. At the beginning of each Annual Benefits Enrollment, you'll receive instructions on how to enroll. You must re-enroll each year to continue participating in the Health Care Spending Account and/or Dependent Care Spending Account for the following year.

Transportation Spending Accounts

You can enroll in the Transportation Spending Accounts at any time during the year through the Transportation Spending Accounts Web Center via **My Rewards**. To enroll by phone, contact the Transportation Spending Accounts Call Center. Unless you make a change to your contribution amount, your elections will automatically carry forward from month to month and to the next calendar year. Please see "Enrolling in the Transportation Account" on page 31 for detailed enrollment information.

Enrolling if You Are a Newly Hired Employee

Health Care and Dependent Care Spending Accounts

If you've just joined JPMorganChase and are enrolling for the first time, you need to make your choices through the Benefits Web Center on **My Health** or through 1-844-ASK-JPMC as follows:

- **If you are a full-time employee** (regularly scheduled to work 40 hours per week)**,** will have 31 days from your date of hire to enroll in these plans.
- **If you are a part-time employee** (regularly scheduled to work at least 20 but less than 40 hours per week), your benefits effective date will be the first of the month following your 60-day waiting period, and you will receive your enrollment materials within 31 days before becoming eligible for coverage. You need to enroll within 31 days before your effective date.

You can access your benefits enrollment materials online at **My Health** > Benefits Enrollment.

Late Year Enrollments

Special restrictions may apply concerning the processing of spending account enrollments and payroll contributions during December of any year. Please contact 1-844-ASK-JPMC for more information.

Transportation Spending Accounts

You can enroll in the Transportation Spending Accounts at any time during the year through the Transportation Spending Accounts Web Center via **My Rewards**. To enroll by phone, contact the Transportation Spending Accounts Call Center. Unless you make a change to your contribution amount, your elections will automatically carry forward from month to month and to the next calendar year. Please see "Enrolling in the Transportation Account" on page 31 for detailed enrollment information.

Enrolling if You Have a Change in Work Status or Qualified Status Change

Health Care and Dependent Care Spending Accounts

If you're enrolling for the Health Care or Dependent Care Spending Accounts during the year because you're a newly eligible employee due to a work status change or you have a Qualified Status Change (QSC), you'll have 31 days from the date of the change in status to make your new choices through the Benefits Web Center on **My Health** or through 1-844-ASK-JPMC (90 days if status change is due to birth or adoption of a child). Please see "Qualified Status Change" on page 9 for more information.

Transportation Spending Accounts

You can enroll in the Transportation Spending Accounts or change your participation at any time during the year — you don't need to have a change in status of any kind.

If You Do *Not* Enroll

Health Care and Dependent Care Spending Accounts

If you do not enroll for the Health Care or Dependent Care Spending Accounts when you first become eligible, you won't be able to enroll until the next Annual Benefits Enrollment unless you have a Qualified Status Change (QSC). Please see "Qualified Status Change" on page 9 for more information.

Transportation Spending Accounts

You can enroll in the Transportation Spending Accounts at any time during the year.

When Participation Begins

Health Care and Dependent Care Spending Accounts

For the Health Care and Dependent Care Spending Accounts, this table explains when your participation begins, depending on when you enroll.

If You:	When Participation Begins:
Are an Employee	The contributions you elect during Annual Benefits Enrollment take effect at the beginning of the following plan year (January 1).
Are a Newly Hired or Newly Eligible Employee**	The elections you make as a new hire take effect as follows: • If you are a full-time employee (regularly schedule to work 40 hours per week), participation begins on the first of the month following your date of hire. • If you are a part-time employee (regularly scheduled to work at least 20 but less than 40 hours per week), participation begins on the first of the month following 60 days from your date of hire. Any contributions you make will be deducted from your pay in equal installments throughout the remainder of the year.* For example, if you are hired on June 1 and you elect $1,200, the $1,200 contribution will be divided by the number of pay periods left in the year and an equal amount will be deducted from each paycheck.
Experience a Qualified Status Change**	The contributions you elect as a result of a Qualified Status Change (QSC) (such as marriage, divorce, or the birth or adoption of a child or a work-related event such as an adjustment to your regularly scheduled work hours that results in a change in eligibility) will take effect as of the day of the qualifying event, as long as the changes are made within 31 days of the event and you have already met the Plan's eligibility requirements (90-day period in the case of the birth/adoption of a child, or your death or death of an eligible dependent). Otherwise, you will not be able to make the change in coverage until the following Annual Benefits Enrollment. Please see "Qualified Status Change" on page 9 for more information.

* Special restrictions may apply concerning the processing of spending account enrollments and payroll contributions after mid-December of any year. Please contact 1-844-ASK-JPMC for more information.

** Your Health Care and Dependent Care Spending Accounts are administered by your health care company (Aetna/Inspira or Cigna). If you do not participate in a JPMC Medical Plan then your Spending Account Administrator is Cigna. Generally, if you make a Medical Plan Carrier change after January 31 or any given year, the administration of your Spending Accounts will remain with the health care company you chose at the beginning of that year.

Transportation Spending Accounts

For the Transportation Spending Accounts, you can enroll or change your elections at any time. Please see "Enrolling in the Transportation Account" on page 31 for detailed enrollment information.

Changing Your Contributions During the Year

Health Care and Dependent Care Spending Accounts

In accordance with Internal Revenue Service (IRS) guidelines, you may change your contribution amount to the Health Care and/or Dependent Care Spending Account during the year only if you have a Qualified Status Change (QSC). Please see “Qualified Status Change” on page 9 for more information.

If you are a highly compensated employee (HCE) (for 2025, if you had compensation in excess of $155,000 for 2024), you will not be able to increase your contributions to the Dependent Care Spending Account above the HCE limit in any given year.

Qualified Status Change

The Health Care Spending Account and/or Dependent Care Spending Account elections you make during Annual Benefits Enrollment will stay in effect through the next plan year (or the current plan year if you enroll during the year as a newly eligible employee). However, you may be permitted to change your elections before the next Annual Benefits Enrollment if you have a Qualified Status Change (QSC). **Please Note**: Any changes you make during the year must be consistent with your QSC.

You need to make your changes through the Benefits Web Center on **My Health** or through 1-844-ASK-JPMC **within 31 days of the qualifying event** (90 days if the qualifying event is the birth or adoption of a child) for the changes to be effective the date of the event. (Please contact 1-844-ASK-JPMC if this situation applies to you.)

You can make these elections through the Benefits Web Center on **My Health** or through 1-844-ASK-JPMC.

Your changes will take effect as of the day of the qualifying event. Eligible expenses are those incurred on or after the effective date of the qualifying event. For example, if you get married on April 15 and, as a result, increase your Health Care Spending Account from $300 to $3,200, you will only be allowed to claim $300 in expenses incurred from January 1 through April 14.

Please Note: Documentation of dependent eligibility will be required during enrollment when adding a dependent for coverage and may be requested at any time by JPMorganChase. JPMorganChase regularly conducts dependent eligibility verification to ensure that all covered dependents meet the current eligibility requirements of the JPMorgan Chase U.S. Benefits Program. For details, please see the “Important Note on Dependent Eligibility” under “Eligible Dependents” in the *Health Care Participation* section. When you file a claim form for a dependent’s expense, your dependent must be designated on the claim form, Also, if the debit card payment method is used and the carrier requires substantiation that the expense is valid under the Plan, you will need to provide the name of your dependent.

If you have questions about qualifying events and what the allowed benefits changes are, please visit **My Health**, or contact 1-844-ASK-JPMC and speak with a Service Representative. QSCs for eligible tax dependents under the Health Care and Dependent Care Spending Accounts are listed in the following table. Please remember that you can make changes to your participation in the Transportation Spending Accounts at any time.

This chart lists types of QSCs and what action is allowed with those events.

QSC	Health Care Spending Account	Dependent Care Spending Account
Marriage	Begin, increase	Begin, increase, decrease, or stop
Domestic Partner Commitment	Begin, increase	Begin, increase, decrease, or stop
Divorce, Legal Separation, or Termination of DP Commitment	Decrease, stop	Begin, increase, decrease, or stop
Death of Spouse/DP	Decrease, stop	Begin, increase, decrease, or stop
Birth/Adoption/Legal Guardianship	Begin, increase	Begin, increase
Child Gains Eligibility	Begin, increase	Begin, increase
DP's Child Becomes Eligible	Begin, increase	Begin, increase
Child Gains Eligibility Due to QMCSO	Begin, increase	N/A
Child/DP Child No Longer Eligible	Decrease, stop	Decrease, stop
Death of Child/DP Child	Decrease, stop	Decrease, stop
You or Covered Dependent Gains Other Coverage	N/A	Decrease, stop
You or Covered Dependent Loses Other Coverage	Begin, increase	Begin, increase
Change in Dependent Care Provider or Fees	N/A	Begin, increase, decrease, or stop
Move Out of Provider Service Area	N/A	N/A

You can change your Transportation Spending Accounts elections at any time.

Transportation Accounts

You can change your contribution amounts during the year, subject to the monthly limits. You must change your contribution amount by the first of each month so that deductions can begin and be used to purchase a pass or parking for the following month. However, in the event your circumstances change, you cannot be reimbursed for periods during which you are not commuting. You must cancel your contributions.

If You Have a Work Status Change

Your contributions to the Spending Accounts end if your work status changes and you are then scheduled to work fewer than 20 hours per week. In this case, you may continue to claim reimbursements from your account balances for any eligible expenses that were incurred before the date of your work status change.

For the Health Care Spending Account (but not for the Dependent Care or Transportation Spending Accounts), you may be able to continue to make contributions on an after-tax basis under COBRA if you have not used your entire account balance prior to the date your status changed. For more details on COBRA continuation for the Health Care Spending Account, see the *Health Care Participation* section. You will have until the claim filing deadline (March 31) in the year following your work status change to submit claims for any eligible expenses incurred up to the date of your work status change or the end of COBRA coverage. If your work status changes and you are then scheduled to work more than 20 hours per week, please see "How to Enroll" on page 6 for information on when you can newly enroll to participate.

When Participation Ends

Note that for the Spending Accounts, you are "participating" when you are actively making contributions to your account(s). In general, participation (your contributions) in the Spending Accounts will end on the last day of the month (Dependent Care Spending Account and Transportation Spending Account will end on the effective date) in which:

- Your employment with JPMorganChase is terminated for any reason (and, for the Health Care Spending Account, you don't elect COBRA coverage, if available);
- You cancel coverage or participation because of a Qualified Status Change (QSC) (cancellation must be consistent with the QSC);
- You no longer meet the eligibility requirements;
- You stop making required contributions;
- You choose not to re-enroll in the Health Care Spending Account or the Dependent Care Spending Account for the following year during the annual benefits enrollment period (in which case coverage will end on December 31 of the current year);
- You choose to discontinue your enrollment in the Transportation Spending Account;
- The accounts are discontinued; or
- You pass away.

If you go on an approved leave of absence, your participation in the Dependent Care Spending Account and the Transportation Spending Account ends on the effective start date of your leave.

Coverage for your dependents ends the earlier of when your coverage ends (such as if you leave JPMorganChase or otherwise become ineligible for JPMorganChase coverage) or when the dependent no longer meets the dependent eligibility requirements. Dependent eligibility requirements are available on **My Health** and within *Health Care Participation* section of this Guide.

Unused Spending Account Contributions

Health Care Spending Account

If you have an unused balance in your Health Care Spending Account when your participation ends (in other words, when you stop making contributions), you can claim reimbursements from your account for any eligible expenses that were incurred *before* the date your participation ended. The deadline for filing these claims is March 31 of the following calendar year (for example, a claim with a date of service of April 2, 2024 must be submitted by March 31, 2025).

Because you cannot file claims for expenses incurred after your participation ended, if you have an unused balance, you may want to continue participating in the Health Care Spending Account through COBRA on an after-tax basis, to give you time to incur eligible expenses and make claims to recover the unused before-tax balance and any subsequent after-tax contributions. For more details, see “Continuing Health Coverage Under COBRA” in the *Health Care Participation* section, especially the subsection, “Special Rule for Health Care Spending Account Participants.”

Dependent Care Spending Account

If you have an unused balance in your Dependent Care Spending Account when your participation ends, you can claim reimbursements from your account for any eligible expenses that were incurred *before* the date your participation ended. The deadline for filing these claims is March 31 of the following calendar year (for example, a claim with a date of service of April 2, 2024 must be submitted by March 31, 2025).

There is no option to continue Dependent Care Spending Account contributions on an after-tax basis.

Transportation Spending Accounts

For the Transportation Spending Accounts, if your participation ends because your employment with JPMorganChase ends, you will have 90 days following your termination date in which you can use any remaining before-tax balances that remain on your commuter card. If you do not use the remaining balance within that 90-day period, the funds remaining at the end of 90 days will be forfeited.

You can incur eligible expenses through the date your participation ends. However, you must cancel your participation in the Transportation Spending Accounts promptly, to avoid forfeiting any contributions. Because your payroll deductions for a given month are used to fund eligible commuting expenses for the following month, cancelling participation before you leave is important. For example, October payroll contributions are used to pay for November expenses. If your employment is ending or you are going on a leave effective November 1, you should cancel your participation between September 2 and October 1 to avoid having Transportation Spending Account contributions for November deducted from your October pay. See the “Schedule of Monthly Enrollment Dates” on page 32 for details on when contributions would end.

If you participated in the Parking Account portion of the Transportation Spending Account Plan and have a balance in your “Pay Me Back” account, you have 180 days following the end of any month in which you participated to file a claim for reimbursement. You will forfeit any balance remaining after the claims filing deadline.

Any balance on the Parking Debit Card is forfeited as of your termination date.

If you receive a severance notice, please contact the Transportation Spending Accounts Call Center as soon as possible so that your participation in the account and your related deductions may be discontinued. Remember that your elections are effective for the first of the month. If you do not cancel timely, you will pay for benefits for the following month. Refunds cannot be given.

There is no option to continue Transportation Spending Account contributions on an after-tax basis after your participation ends.

The Health Care Spending Account

*You can generally contribute up to $3,200 (2024 limit) a year on a before-tax basis to pay for eligible out-of-pocket health care expenses. **If you are enrolled in the JPMorgan Chase Medical Plan, funds in your Medical Reimbursement Account (MRA) will be used to pay for eligible medical and prescription drug out-of-pocket expenses before your Health Care Spending Account funds are used**. Funds in the HCSA will not be used for eligible medical and prescription drug expenses until your MRA is completely depleted. You need to carefully consider the amount you plan to contribute to the Health Care Spending Account in order **to avoid having to forfeit a balance that exceeds $640**. MRA funds cannot be used to pay for dental or vision expenses. However, you can be reimbursed for these expenses from a Health Care Spending Account (HCSA).*

MRA Funds Used First

If you are enrolled in the JPMorgan Chase Medical Plan, funds in your Medical Reimbursement Account (MRA) will be used to pay for eligible medical and prescription drug out-of-pocket expenses before your Health Care Spending Account funds are used. Funds for these expenses in the HCSA will not be used until your MRA is completely depleted.

You may use your Health Care Spending Account for eligible expenses such as:

- *Medical and prescription drug deductibles, copayments and coinsurance*
- *Costs for non-covered prescription drugs, such as non-sedating antihistamines (e.g., Clarinex, Allegra) with a prescription from your doctor*
- *Dental deductibles and coinsurance not covered under any Dental Plan you may be enrolled in*
- *Eyeglasses and contact lenses for amounts not covered under any Vision Plan you may be enrolled in*
- *Over the counter (OTC) drugs without a prescription are now eligible for reimbursement under the HCSA. This includes all menstrual care products (including tampons, pads, liners, cups, sponges, or similar products for menstruation.*

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

Your health care company —Aetna/Inspira or Cigna — will be the administrator of your Health Care Spending Account. If you do not enroll in medical coverage through JPMorganChase or you participate in the Kaiser or Centivo option, Cigna will administer your Health Care Spending Account.

Health Care Spending Account Highlights

How Much You Can Contribute	You can contribute between $240 and $3,200 a year on a before-tax basis to pay for eligible out-of-pocket health care expenses for you and your eligible tax dependents incurred during the plan year (January 1 – December 31). The maximum before-tax contribution amounts shown here are legal limits for the calendar year 2024. The limits may change periodically subject to Internal Revenue Service (IRS) regulations.
Enrollment Required	To participate, you must actively enroll, either when you first become eligible, during Annual Benefits Enrollment each year, or after a Qualified Status Change (QSC).
Eligible Expenses	Eligible expenses generally can include medical, dental and prescription drug copayments, deductibles, and coinsurance; over the counter drugs and menstrual products, eyeglasses; frames; contact lenses; and certain other eligible health care expenses that aren't reimbursed by insurance. Insurance premiums are **not** considered eligible expenses. You can be reimbursed for your eligible tax dependents' expenses, as well as your own expenses. To be eligible, expenses must be incurred during the plan year (January 1 – December 31).
Coordinating with Your Spouse	If your spouse has a Health Care Spending Account at JPMorganChase or at another employer, by law you cannot claim reimbursement for any expenses your spouse has claimed.
Eligible Tax Dependent(s)	Your eligible tax dependents can include: ▪ Your spouse, ▪ A qualified adult dependent (including a domestic partner or extended family member who is your tax dependent) and ▪ Your dependent children, including the children of your domestic partner if they are your tax dependents. Documentation of dependent eligibility will be required during enrollment when adding a dependent for coverage.
Receiving Reimbursement	The claim processing method varies by the type of expense, whether or not you are enrolled in the Medical Plan, and your Medical Reimbursement Account (MRA) payment method election under the Medical Plan, if applicable. You can use the account's debit card to pay for eligible expenses, so you don't have to file claims to be reimbursed for those expenses. If you are enrolled in the Medical Plan, you may also elect the automatic payment method. When submitting a claim or using the debit card to pay for eligible expenses incurred by a covered dependent, be sure to include the dependent's name. You have until March 31 of the year following the plan year to submit eligible claims for reimbursement. See "Managing Your Accounts and Receiving Reimbursements" on page 33 for more information.
When You Can Be Reimbursed	You can be reimbursed for the amount of your or your covered dependent's eligible expenses, up to your annual contribution amount (minus any previous reimbursements) at any time, whether or not that amount has been contributed year-to-date.
Carry Over Up to $640	Internal Revenue Service rules provide that you can carry over to the following plan year $640 of any balance not used for eligible expenses. There is a $25 minimum carry over amount for employees who do not contribute to the Health Care Spending Account for the following plan year and remaining balances are subject to forfeiture at the end of that year.

Forfeiting Contributions	Any additional balance over the $640 carry over limit (or less than $25 for participants who are not currently contributing) will be **forfeited**, and may not be used for expenses incurred in the following plan year and remaining balances are subject to forfeiture at the end of that year. If you elect to participate in the Health Care Spending Account, you will lose any balance exceeding $610 remaining in your account at the end of the plan year (December 31). You have until March 31 of the following plan year to submit eligible claims for reimbursement. If you do not choose to contribute to the HCSA in a given plan year, any balance you carried over from a prior year will be forfeited at the end of the year if you do not use it.
Coordination with the Medical Reimbursement Account (MRA)	If you are enrolled in the JPMorgan Chase Medical Plan, funds in your Medical Reimbursement Account (MRA) will be used to pay for eligible medical and prescription drug expenses *before* your Health Care Spending Account funds are used. You need to carefully consider the amount you plan to contribute to the Health Care Spending Account in order **to avoid having to forfeit a balance that exceeds $640**.
If You Leave JPMorganChase	If you leave JPMorganChase before the end of the year, you can continue to be reimbursed for eligible expenses incurred up to the end of the month of your termination, as long as you submit the expenses by the applicable deadline (March 31 of the year after your termination) (Please see “Managing Your Accounts and Receiving Reimbursements” on page 33 for more information.) You can also elect through COBRA to continue contributing to your Health Care Spending Account on an after tax basis for eligible expenses incurred after your employment ends, but only until the end of the plan year in which you leave. Please see the *Health Care Participation* section for more information on COBRA continuation coverage.
Claims Administrators	Aetna/Inspira and Cigna (depending on which carrier you elected for your Medical Plan coverage) are the claims administrators for the Health Care Spending Account for employees enrolled in the JPMorgan Chase Medical Plan. Cigna is the claims administrator for the Health Care Spending Account for employees not enrolled in the JPMorgan Chase Medical Plan.

Your Contributions

During enrollment, you decide how much to contribute. Contributions to the Health Care Spending Account are made on a before-tax basis. For 2024, you can contribute between $240 and $3,200. Any contributions you make will be deducted from your pay in equal installments throughout the year.

If you begin contributing during the year (as a newly eligible employee or if you have a Qualified Status Change), the maximum contribution you can make is $3,200, which will be taken in equal installments over the remaining pay periods for that year.

Please Note

A deduction for Health Care, Dependent Care, and/or Transportation Spending Accounts contributions cannot be taken and no contribution will be made in any pay period in which your compensation after taxes, adjustments and other Plan contributions does not cover the full deduction amount you elected during Annual Benefits Enrollment or as a result of a subsequent Qualified Status Change.

Contribution Deduction Examples

The following example illustrates how to determine your contributions if you contribute to the Health Care Spending Account. This example shows an employee who is paid on a semimonthly basis and who chooses to contribute $3,200 during Annual Benefits Enrollment. Generally, semimonthly deductions would be calculated as follows:

- $3,200 ÷ 24 pay periods = $133.33 per semimonthly pay period

If you are hired on April 1 and you elect $3,200, you will contribute $3,200 for the remainder of the year. If you are a full-time employee, this means your contributions will begin on May 1 and the amount deducted each pay period will be calculated as follows:

- $3,200 ÷ 16 pay periods = $200.00 per semimonthly pay period

MRA Funds Will Be Used Up First
If you are enrolled in the JPMorgan Chase Medical Plan, funds in your Medical Reimbursement Account (MRA) will be used to pay for eligible medical and prescription drug expenses *before* your Health Care Spending Account funds are used. **You need to carefully consider the amount you plan to contribute to the Health Care Spending Account in order to avoid having to forfeit a balance that exceeds $640.**

The “Use It or Lose It” Rule

Under current U.S. tax law, unused balances in the Health Care Spending Account are subject to **forfeiture.**

The Carryover Exception

If you have a balance in the Health Care Spending Account after submitting all claims incurred during the plan year (January 1 – December 31), you can carry over $640 to the following plan year. **Any remaining balance that exceeds $640 will be forfeited after the claims filing deadline (March 31 of the year following the plan year).** This unused balance cannot be returned to you or carried forward for future use.

There is a $25 minimum carry over amount for employees who do not contribute to the Health Care Spending Account for the following plan year and any remaining balance is subject to forfeiture at the end of that year.

Example

- Assume you contribute $2,200 to the Health Care Spending Account and have $300 in your MRA (those funds are used first for eligible medical and prescription drug costs before your HCSA)
- Assume your eligible medical claims during the plan year (January 1 – December 31) are $400 and your dental/vision claims are $1,400. The $300 in your MRA is used first to pay your eligible medical claims. Your HCSA is used to pay the remaining $100 in medical claims plus the $1,400 in dental/vision claims.
- Assuming you submit all your claims by the deadline (March 31 of the year following the plan year), your unused balance in your HCSA would be $700.
- You would be able to carry over $640 of the unused balance to the following plan year (the plan year immediately following the one in which you contributed $2,200).
- **You would forfeit the remaining $60 balance.**

It’s very important that you plan carefully before you decide how much to contribute to the Health Care Spending Account, because your MRA funds are used first for eligible medical and prescription drug expenses and that you file your claims by the claims filing deadline: March 31 of the year following the plan year.

For detailed instructions on how to submit claims, see “Paper Reimbursement Claims” on page 38.

Eligible Expenses

Eligible expenses are those incurred from the effective date of participation through the date participation ends. Participation means that you are contributing to the account.

Eligible expenses under the Health Care Spending Account include expenses that you pay out of your pocket and that you generally could also claim as health care deductions on your federal income tax return if you were not reimbursed through the Health Care Spending Account.

Expenses under the Internal Revenue Code (IRC) include, but are not limited to, deductibles, copayments and coinsurance, over the counter drugs and menstrual products, certain dental and vision services, certain equipment and supplies, hospital services, lab exams and tests, and medical treatments (including smoking cessation programs).

Please Note: Insurance contributions (i.e., premiums) are not reimbursable under the Health Care Spending Account.

The specific expenses listed under "Examples of Eligible Expenses," below are generally considered by the Internal Revenue Service (IRS) to be eligible medical care expenses for federal income tax purposes. Therefore, they're eligible for reimbursement through the Health Care Spending Account. Because the tax treatment of these expenses is always subject to IRS review, JPMorganChase can't guarantee that the same expenses will always be eligible (or ineligible) for reimbursement from the Health Care Spending Account.

If the IRS changes its ruling concerning the eligibility of a particular expense, JPMorganChase will accept that ruling effective on the date prescribed by the IRS.

Please Note: Changes by the IRS to the eligibility of an expense do not allow you to stop or start contributions to the Health Care Spending Account.

Examples of Eligible Expenses

Please Note: This list is subject to change at any time based on Internal Revenue Service (IRS) guidance.

Dental Services

- Cleaning teeth
- Dental Implants
- Dental X-rays
- Filling teeth
- Gum treatment
- Oral surgery
- Orthodontia

Equipment and Supplies

- Abdominal supports
- Ambulance hire
- Arches
- Artificial teeth or eyes, to the extent they are not deemed to be cosmetic
- Automobile device for a physically disabled person, but not for travel to work
- Back supports
- Blood pressure monitors
- Braces
- Contact lenses and supplies
- Crutches
- Diabetic supplies
- Elastic hosiery
- Eyeglasses
- Fluoridation unit in the home
- Hearing aids
- Installation of stair-seat elevator for a person with a heart condition
- Invalid chair
- Iron lung
- Orthopedic shoes
- Over-the-counter medications and other OTC items without a prescription, including all menstrual care products (tampons, pads, liners, cups, sponges, etc.)
- Portable air conditioner if needed for relief from allergy or difficulty in breathing
- Prescriptions
- Reclining chair if prescribed by a physician
- Repair of telephone equipment for the deaf
- Sacroiliac belt
- Special mattress and plywood bed boards for relief of spinal arthritis
- Splints
- Truss
- Vision care items, such as contact lens solution
- Wig, if advised by a physician for the mental health of a patient because of hair loss from disease

Hospital Services

- Anesthetist
- Operating room usage
- Oxygen mask and tent
- X-ray technician

Laboratory Exams/Tests

- Blood tests
- Cardiographs
- Metabolism tests
- Spinal fluid tests
- Sputum tests
- Stool examination
- Urine analysis
- X-ray examinations

Medical Treatments

- Acupuncture
- Blood transfusion
- Diathermy
- Electric shock treatments
- Hearing services
- Injections
- Insulin treatments
- Organ transplants
- Pre-natal and post-natal care
- Psychotherapy
- Radium therapy
- Sterilization
- Ultra-violet ray treatments
- Vasectomy
- X-ray treatments

Professional Services

- Chiropodist
- Chiropractor
- Dentist
- Dermatologist
- Gynecologist
- Midwife
- Neurologist
- Nurse
- Obstetrician
- Oculist
- Optician
- Optometrist
- Orthopedist
- Osteopath
- Pediatrician
- Physician
- Physiotherapist
- Podiatrist
- Psychiatrist
- Psychoanalyst
- Psychologist
- Registered nurse
- Surgeon (except for cosmetic surgery)
- Virtual visits provide through Aetna (via Teladoc) or Cigna (via MDLive)

Miscellaneous

- Alcoholism inpatient and outpatient care
- Birth control pills or other birth control items prescribed by a physician
- Braille books (just the excess cost of Braille books and magazines over the cost of regular editions)
- Child-birthing classes
- Convalescent home, if for medical treatment
- Drug treatment center inpatient and outpatient care
- Guide for a blind person
- Hair transplant operation, if medically necessary
- Health institute fees, if services are prescribed by a physician to alleviate a physical or mental defect or illness
- Kidney donor's — or possible kidney donor's — expenses
- Legal fees that are necessary to authorize a medical treatment for a mentally ill dependent
- Nurse's board and wages, including Social Security taxes you pay
- Remedial reading for a child with dyslexia
- Sanitarium and similar institutions

- School costs for physically and mentally disabled children
- Seeing-eye dog and its maintenance
- Smoking cessation classes
- Telephone-teletype costs and television adapter for closed caption service for a deaf person
- Travel expenses related to medical treatment
- Weight-loss program if prescribed by a physician to treat a diagnosed medical condition such as obesity, hypertension, or heart disease

Any other expense you can otherwise claim as a medical deduction on your federal income tax return, except insurance premiums, can also be reimbursed from your Health Care Spending Account. For more information about eligible expenses, visit the Internal Revenue Service (IRS) website at www.irs.gov, or call the Internal Revenue Service (IRS) at (800) TAX-FORM ((800) 829-3676) and ask for Internal Revenue Service (IRS) Publication 502, "Medical and Dental Expenses." While certain sections of the Publication do not apply for purposes of the Health Care Spending Account, you may find the section entitled "What Medical Expenses Are Includible" helpful in that it lists certain expenses eligible for the federal health care tax deduction, and which may be eligible for reimbursement from your Health Care Spending Account.

Expenses *Not* Eligible

You are not eligible to use the Health Care Spending Account for expenses that are:

- not incurred for you or your eligible tax dependents
- not incurred during the applicable plan year
- not incurred while you are participating (contributing) or had eligible carry over funds from a prior year

Expenses not eligible for reimbursement under the Health Care Spending Account include expenses that you generally cannot claim as medical deductions on your federal income tax return. Such ineligible expenses include, but are not limited to, cosmetic surgery, electrolysis, health club membership dues and insurance premiums. Therefore, they're not eligible for reimbursement through the Health Care Spending Account.

Examples of Expenses Not Eligible

Please Note: This list may change at any time based on Internal Revenue Service (IRS) guidance.

- Athletic or health club expenses to maintain or improve physical fitness
- Babysitting expenses incurred while you go to the doctor
- Boarding school fees paid for a child while the parent is recuperating from an illness
- Body piercing
- Bottled water
- COBRA continuation contributions
- Contributions to a retiree benefits plan
- Cosmetic surgery, treatment, or procedures (including prescription drugs used in cosmetic treatments or procedures)
- Dance lessons, even if advised by a physician
- Diaper service
- Divorced spouse's health care bills
- Domestic help, even if needed because of a spouse's illness
- Electrolysis or hair removal
- Food or beverage substitutes, except the cost of special foods over what would ordinarily have been spent on food, if necessary because of allergy
- Funeral and burial expenses
- Health and beauty supplies
- Illegal operations and drugs
- Insurance contributions (including contact lens insurance)
- Legal fees for divorce
- Life insurance contributions
- Marriage or family counseling
- Maternity clothes
- Patent medicines
- Rogaine/Minoxidil
- Scientology fees
- Shampoo (unless prescribed by a doctor, i.e., prescription shampoo)

- Tattooing
- Toothpaste
- Transportation costs of a disabled person to and from work
- Travel for reasons of health, even if prescribed by a physician
- Tuition and travel expenses to send a child to a particular school for a beneficial change in environment
- Veterinary fees
- Vitamins, tonics, etc., unless taken pursuant to a prescription and used to treat a specific medical condition
- Weight-loss program if not prescribed by a physician to treat a diagnosed medical condition such as obesity, hypertension, or heart disease

When Reimbursements Are Payable

Your Health Care Spending Account can reimburse your eligible health care expenses in full up to the total amount you're scheduled to contribute to the account for the year, no matter how much money you have actually contributed to your account at the time you request the reimbursement. Contributions will continue to be deducted from your pay throughout the year, up to the amount of your annual elected contribution. If your employment terminates, the full amount is available for eligible expenses incurred before your termination date.

Your account will only cover expenses for supplies and services that have actually been incurred, not future expected services or expenses. In addition, you may only receive reimbursement for expenses that have not been covered or reimbursed by insurance.

Please see "Managing Your Accounts and Receiving Reimbursements" on page 33 for details on how to use your Health Care Spending Account to pay for eligible health care expenses.

The Dependent Care Spending Account

You can generally contribute $240 to $5,000 a year on a before-tax basis to pay for eligible out-of-pocket expenses to provide care during working hours for eligible dependents.

- *Eligible expenses are those that provide care so that you and your spouse (if you are married) can work outside the home or so your spouse can attend school full-time.*
- *You must provide the Social Security number or tax identification number of the care provider when filing for reimbursements.*

You may use your Dependent Care Spending Account for eligible expenses including:

- *Child care expenses for dependent children under age 13, or older if disabled, and*
- *Adult care expenses for your tax-qualified adult dependents.*

Dependent Care Spending Account Highlights

How Much You Can Contribute	You generally can contribute between $240 and $5,000 a year on a before-tax basis. If your spouse contributes to a Dependent Care Spending Account, your combined contributions are limited to $5,000. If you are married but file separate income tax returns, your maximum contribution amount is $2,500 a year. If you are considered a highly compensated employee for a plan year (based on a prior year's W-2 compensation), your contributions may be subject to certain limits required under the Internal Revenue Code (IRC) with respect to before-tax contributions for highly compensated employees. (For instance, if your W-2 compensation for 2024 is $155,000 or more, you're considered a highly compensated employee for the 2025 plan year.) The maximum before-tax contribution amounts shown here are legal limits for the calendar year 2024. The limits may change periodically subject to Internal Revenue Service (IRS) regulations.
Enrollment Required	To participate, you must actively enroll, either when you first become eligible, during Annual Benefits Enrollment each year, or after a Qualified Status Change.
If You Are Married	If you're married, you can participate in a Dependent Care Spending Account only if your spouse is: ▪ Employed, whether part-time, full-time, or self-employed; ▪ Looking for gainful employment; ▪ A full-time student; or ▪ Physically or mentally incapable of self-care and is the dependent for whom you're claiming expenses.

Eligible Expenses	Eligible expenses can include day care provided during the plan year (January 1 – December 31) for: ▪ dependent children under age 13 and ▪ Any dependent (including your spouse) who is physically or mentally incapable of self-care who lives with you for more than six months out of the year, or who otherwise meets the definition of a dependent under the Internal Revenue Code (IRC) definition during the period of coverage. The care must be provided to enable you and your spouse (if you're married) to work, or to enable your spouse to either look for work or attend school full time. **Special Rules** For the Dependent Care Spending Account, the Internal Revenue Service (IRS) requires that your claim include a receipt with the name, address, telephone number and taxpayer identification number (or Social Security number) of the caregiver. Without this information, the care generally won't qualify as an eligible Dependent Care Spending Account expense.
Eligible Tax Dependent(s)	Under the Dependent Care Spending Account, your eligible tax dependents can include: ▪ Your spouse, ▪ A qualified adult dependent (including a domestic partner or extended family member who is your tax dependent) and ▪ Your dependent children under age 13, including the children of your domestic partner if they are your tax dependents.
Receiving Reimbursement	When you incur an eligible expense, you must submit a claim for reimbursement from your account. You have until March 31 of the year following the plan year to submit eligible claims for reimbursement.
When You Can Be Reimbursed	You can only be reimbursed up to the amount that you have actually contributed to your account by the date of the claim (minus any previous reimbursements), and only for services that you have actually received before claiming reimbursement. If you have eligible expenses greater than your year-to-date contributions, those expenses can be reimbursed after additional contributions have been added to your account.
No Carry Over	There is no provision for carrying over unused balances in your Dependent Care Spending Account.
Forfeiting Contributions	Any balance not used for eligible expenses incurred during the plan year (January 1 – December 31) will be **forfeited after the claims filing deadline (March 31)** and may not be used for expenses incurred in the following plan year.
If You Leave JPMorganChase	If you leave JPMorganChase before the end of the year, you can be reimbursed for eligible expenses incurred on or before your termination date, up to the balance in your account — as long as you submit the expenses by the applicable deadline (March 31 of the year after your termination). (Please see "Managing Your Accounts and Receiving Reimbursements" on page 33 for more information.)
Claims Administrators	Aetna/Inspira and Cigna (depending on which carrier you elected for your Medical Plan coverage) are the claims administrators for the Dependent Care Spending Account for employees enrolled in the JPMorgan Chase Medical Plan. Cigna is the claims administrator for the Dependent Care Spending Account for employees not enrolled in the JPMorgan Chase Medical Plan.

Your Contributions

Contributions to the Dependent Care Spending Accounts are made on a before-tax basis.

You generally can contribute between $240 and $5,000 a year on a before-tax basis.

- IRS rules state that you cannot contribute more than your income or your spouse's income, whichever is less.
  - If your spouse is a full-time student or is incapable of self-care, his or her monthly income is assumed to be $250 in 2025 if you have one eligible tax dependent or $500 in 2025 if you have two or more eligible tax dependents.
  - Consequently, an employee with one child who requires care while a spouse attends school full-time for nine months of the year, would be limited to annual contributions of $2,250.
- If your spouse contributes to a Dependent Care Spending Account, your combined contributions are limited to $5,000.
- If you are married but file separate income tax returns, your maximum contribution amount is $2,500 a year.

Please Note

A deduction for Health Care, Dependent Care, and/or Transportation Spending Accounts contributions cannot be taken and no contribution will be made in any pay period in which your compensation after taxes, adjustments and other Plan contributions does not cover the full deduction amount you elected during Annual Benefits Enrollment or as a result of a subsequent Qualified Status Change.

Limits on Contributions for Highly Compensated Employees

Internal Revenue Service (IRS) rules impose limits on contributions to the Dependent Care Spending Account in certain situations that involve highly paid employees. In 2025, you are considered a highly compensated employee if your 2024 W-2 compensation was $155,000 or more.

These rules help ensure that the Plan doesn't unfairly favor highly compensated employees. As a result, it may be necessary to significantly reduce contributions for some participants under these rules.

You'll be notified if you're affected.

Payroll Deductions Example

If you begin contributing during the year (as a newly eligible employee), the maximum contribution you can make is $5,000, which will be taken in equal installments over the remaining pay periods for that year.

For example, if you are hired on June 15 and you elect $3,000, the $3,000 contribution will be divided by the number of pay periods left in the year and an equal amount will be deducted from each paycheck beginning July 1 (when coverage is effective). Assuming you are paid on a semimonthly basis, this would be $250 a paycheck from July 1 through December 31.

The “Use It or Lose It” Rule

Under current U.S. tax law, unused balances in the Dependent Care Spending Account are subject to **forfeiture**. If you have a balance left in the account after submitting all claims incurred during the plan year (January 1 – December 31), that balance will be forfeited after the claims filing deadline (March 31 of the year following the plan year). The unused balance cannot be returned to you or carried forward for future use.

It's very important that you plan carefully before you decide how much to contribute to the Dependent Care Spending Account, and that you file your claims by the claims filing deadline: March 31 of the year following the plan year.

For detailed instructions on how to submit claims, see “Paper Reimbursement Claims” on page 38.

Eligible Expenses

Eligible expenses are those incurred from the effective date of participation through the date participation ends. Participation means that you are contributing to the account.

The following specific expenses are currently considered by the Internal Revenue Service (IRS) to be deductible child or elder care expenses for federal income tax purposes. Therefore, they're eligible for reimbursement through the Dependent Care Spending Account. Because the deductibility of these expenses is always subject to IRS review, JPMorganChase can't guarantee that the same expenses will always be eligible (or ineligible) for reimbursement from the Dependent Care Spending Account.

You can use the Dependent Care Spending Account for eligible care expenses incurred for an eligible tax dependent.

Please Note: You must actually incur an eligible expense and receive the service prior to claiming reimbursement.

This list is subject to change at any time.

Your Provider's Tax Information

To be reimbursed for Dependent Care expenses, your claim must include the care provider's name, address and taxpayer identification number (or Social Security number). *Without this information, your expenses will not be eligible for reimbursement from the Dependent Care Spending Account.*

Eligible expenses under the Dependent Care Spending Account must also be incurred so that you — if you're married, you and your spouse — can work. Such expenses include, but are not limited to:

- Care at licensed nursery schools or day camps (excluding most expenses for grades kindergarten and above or overnight camps). To qualify, the school or center must comply with state and local laws and receive a fee for its services if it cares for seven or more children;
- Payment to a housekeeper who is primarily responsible for providing day care;
- Payment to someone who provides care in your home, as well as related taxes you pay on that person's behalf;
- Care provided at an adult day care facility (but not expenses for an overnight nursing home facility) for any eligible tax dependent;
- Day care provided by before-school or after-school programs;
- Day care provided inside or outside your home by anyone other than your spouse or a person you list as your dependent for income tax purposes, for your child under age 13;
- Household services related to the care of an eligible dependent who lives with you; and
- Any other qualified dependent care expense as defined by the IRS.

For more information about employment-related dependent care expenses that qualify for the federal tax credit, visit the Internal Revenue Service (IRS) website at www.irs.gov, or call the IRS at (800) TAX-FORM ((800) 829-3676) and ask for IRS Publication 503, "Child and Dependent Care Expenses."

If the IRS changes its ruling concerning the deductibility of a particular expense, JPMorganChase will accept that ruling effective on the date prescribed by the IRS.

Please Note: Any such change by the IRS to the tax-deductible status of an expense does not allow you to stop or start contributions to a Dependent Care Spending Account.

Care Outside Your Home

If you are submitting claims for dependent care expenses incurred outside your home, your dependent must spend at least eight hours a day in your home. If you're divorced or separated and have custody of an eligible child, you may be able to use the Dependent Care Spending Account even if you've agreed to let your spouse (or former spouse) claim your child as an exemption for tax purposes.

Expenses *Not* Eligible

You are not eligible to use the Dependent Care Spending Account for expenses that are:

- not incurred for eligible care for your eligible dependents
- not incurred during the plan year for which you opened the account
- not incurred while you are contributing to the account

The following expenses are not eligible for reimbursement through the Dependent Care Spending Account:

- After-school care provided coincidentally with a program for which the primary purpose is education — for example, an after-school religious training program;
- Care in unlicensed day care centers or care by providers who won't provide you with their taxpayer identification number or Social Security number;
- Care that's not needed for you to work — for example, babysitting fees during non-working hours;
- Child care expenses that enable you or your spouse to do volunteer work;
- Education expenses for a child in kindergarten or above;
- Expenses paid to one dependent you claim (or could claim) on your tax return to care for another dependent (for example, paying one child to care for a younger child) if the person you're paying is under age 19 or can be claimed as an exemption on your federal income tax return;
- Health care expenses for dependents (these are reimbursed through the Health Care Spending Account — not the Dependent Care Spending Account);
- Overnight summer camp expenses;
- Transportation expenses to or from a day care center;
- 24-hour nursing home care for a parent or spouse; and
- Otherwise eligible care that's not provided by an eligible provider.

Please Note: This list may change at any time based upon Internal Revenue Service (IRS) guidance.

When Reimbursements Are Payable

Unlike the Health Care Spending Account, the Dependent Care Spending Account covers your eligible expenses only up to the balance credited to your account through payroll deductions at the time you request reimbursement. As your contributions are deducted from your pay throughout the year, you'll automatically be reimbursed for any outstanding expenses you've submitted, up to the year-to-date amount already contributed (minus any previous reimbursements).

Please Note: If you fail to provide substantiation when requested by Aetna/Inspira or Cigna, you will be required to repay the amount of unsubstantiated/ineligible expenses.

Your account will only cover expenses for services that have actually been incurred, not for future expected services or expenses.

The Transportation Spending Accounts

Under the JPMorgan Chase Transportation Spending Accounts, you pay for eligible transit and/or parking expenses related to commuting to and from work at JPMorganChase through before-tax payroll deductions.

Most participants choose options where your contributions are used to pay for your transportation expenses (such as purchasing passes and tickets that are mailed to you, and paying parking expenses) directly, without you having to file claims for reimbursement.

If your transportation needs vary, then instead of using your contributions to purchase passes/tickets and pay parking expenses in advance, you can use your contributions to purchase Commuter Cards that you can use to pay for transit expenses as needed. For parking expenses, you have a third option, called "Pay Me Back," where your contributions are held in an account and you file claims to be reimbursed for eligible parking expenses.

If you choose the automatic purchase/payment approach, and the cost for your commuter passes/tickets exceeds the monthly before-tax contribution limits, the additional costs will automatically be deducted through after-tax payroll deductions.

Important Note
By law, the maximum monthly contribution you can make to the Transportation Spending Accounts must be reduced by the value of any other transit/parking reimbursement or benefit that you may receive from JPMorganChase. Otherwise, the excess amount will be taxable income. In deciding on the amount to contribute to the Transportation Spending Accounts, you will need to consider the value of any monthly transit/parking reimbursement that you may receive from JPMorganChase. If, in any month, the reimbursement from a Transportation Spending Account and the value of those other transit/parking benefits exceeds the maximum monthly legal limit, then the excess will represent taxable income to you. You may wish to consult a personal tax advisor to determine how participating in the Transportation Spending Accounts may affect your personal tax situation. JPMorganChase cannot provide you with tax advice.

Transportation Account Highlights

Two Accounts	The Transportation Spending Accounts include a Transit Account and a Parking Account. You can participate in either or both accounts.
Differences from Health Care and Dependent Care Accounts	While the Transportation Spending Accounts are similar in many ways to the Health Care Spending Account and the Dependent Care Spending Account, these accounts are subject to different rules under the Internal Revenue Code (IRC). The Transportation Spending Accounts are more flexible than the other Spending Accounts in several ways, including: ▪ You can choose to make before-tax and after-tax payroll deductions to pay for your eligible monthly commuter pass/ticket and/or parking expenses; and ▪ You can enroll in the Transportation Spending Accounts, change, or cancel your contribution rate at any time during the year on a monthly basis. You must make these elections by the first of the month **prior** to the month you wish to participate, stop or change your election.
***No* Annual Enrollment Required**	Unlike the Health Care and Dependent Care Spending Accounts, you do not need to re-enroll during each Annual Benefits Enrollment. Your elections will continue until you change them.
Transit Account	You can generally contribute up to $315 a month on a before-tax basis for eligible mass transit passes (for example, commuter bus, train, subway, ferry passes, tickets and vouchers) or vanpooling expenses. Unless you choose the Commuter Card option, your contributions will be used to purchase your passes/tickets, which will be mailed to you by Health Equity.
Parking Account	You can contribute up to $315 a month on a before-tax basis for eligible parking expenses if you drive directly to work or to a location from which you commute to work at JPMorganChase (for example, park and ride). When you enroll, you will choose either: ▪ the “Pay My Provider” option, where your contributions are used by Health Equity to pay your garage directly, or ▪ the “Pay Me Back” option, where you file claims to be reimbursed by Health Equity from your account, for eligible parking expenses, or ▪ a parking Commuter Card that you can use to pay for parking as needed, so you don’t have to file claims to be reimbursed.
Automatic After-Tax Contributions	You can contribute on a before-tax basis to either account. If your commuting/parking costs exceed the legal before-tax monthly limits under the Transportation Spending Accounts, those additional costs will automatically be deducted through payroll deductions on an after-tax basis.
Contribution Limits May Change	The maximum before-tax contribution amounts shown here are legal limits for the calendar year 2024. The limits may change periodically subject to Internal Revenue Service (IRS) regulations.
Eligible Expenses	Eligible expenses can include expenses that you incur in your commute (such as mass transit costs and parking expenses) between your home and work at JPMorganChase that can be paid for under federal tax law with money you’ve contributed to the Transit Account and/or Parking Account. These expenses are subject to monthly maximums under federal law. **Please Note:** Any eligible expenses that exceed monthly before-tax maximums will be deducted on an after-tax basis. The Transportation Spending Accounts do not cover commuting or parking expenses for dependents.
Claims Administrators	Health Equity (formerly known as WageWorks) is the claims administrator for the Transportation Spending Accounts.

How the Transportation Accounts Work

In most cases, your contributions to the Transportation Spending Accounts are deducted from your pay each pay period and used to pay for your eligible monthly transit commuter pass/ticket and/or parking expenses for the next month. You order your commuter passes/tickets and/or authorize payment directly to your parking facility at the time of your enrollment, and your contributions are automatically deducted each pay period and used to pay these expenses.

If your commuting pattern varies, there are two other options for the accounts:

- For transit and parking expenses, you can use your contributions to purchase a Commuter Card. See "How Commuter Cards Work" on page 29 for more details.
- For parking expenses, instead of the "Pay My Provider" option you can choose the "Pay Me Back" option. With "Pay Me Back," there is no automatic purchase or payment for parking, and you don't receive a Commuter Card for parking. Instead, you pay for parking yourself, and then submit a claim for reimbursement to Health Equity. See "How the "Pay Me Back" Parking Option Works" on page 30 for more details.

Please Note

A deduction for Health Care, Dependent Care, and/or Transportation Spending Accounts contributions cannot be taken and no contribution will be made in any pay period in which your compensation after taxes, adjustments and other Plan contributions does not cover the full deduction amount you elected during Annual Benefits Enrollment or as a result of a subsequent Qualified Status Change.

Please Note: Generally, if you are not using a Commuter Card for the Transit Account and the cost of your commuter pass/ticket increases, your payroll deductions will automatically increase to cover the increased cost. In contrast, if your parking expenses increase, you will need to make changes online or by contacting the Transportation Spending Accounts Call Center.

About Your Contributions

Contributions to the Transportation Spending Accounts can be made on a before-tax and after-tax basis.

Before-Tax Contributions

- **Transit Account.** You can generally contribute up to $315 a month on a before-tax basis for eligible mass transit passes (for example, commuter bus, train, subway, ferry passes, tickets and vouchers) or vanpooling expenses.
- **Parking Account.** You can contribute up to $315 a month on a before-tax basis for eligible parking expenses if you drive directly to work or to a location from which you commute to work at JPMorganChase (for example, park and ride).

After-Tax Contributions

If your commuting/parking costs exceed the legal before-tax monthly limits under the Transportation Spending Accounts, those additional costs will automatically be deducted through payroll deductions on an after-tax basis. For example, let's say you have a monthly train ticket that costs $350. If you have this ticket purchased for you through the TSA plan, $315 will be deducted from your pay on a before-tax basis (legal limit) and the other $35 will be taken on an after-tax basis, so that there are enough funds in your account to buy the monthly pass for you.

The after-tax limits are currently $1,050 for Transit and $700 for Parking.

How the Purchase of Transit Passes/Tickets Works

Unless you choose the Commuter Card option (see “How Commuter Cards” on page 29):

- Your contributions withheld from your pay in a given month are used to pay for your monthly commuter pass/ticket for the next month, and
- Your pass, ticket, or voucher is generally mailed to you at your home address (unless prohibited by the individual transit agency).
- This means that you don’t have to buy your commuter pass, ticket, or voucher separately (i.e., at the station).

Make Sure You Get Your Pass Each Month!

If you do not receive your order by the first day of the benefit month, you must contact Health Equity to report the missing order **within the first three business days of that month**.

- Health Equity will only pay for up to two lost passes per employee, per lifetime.
- If you do not report an undelivered order in a timely manner, you may not qualify for reimbursement.

How Commuter Cards Work for Parking/Transit

If your commuting pattern varies, you have the option to use your contributions to purchase transit and/or parking Commuter Cards.

- The transit Commuter Card is available to participants in a location where the associate transit agency (e.g., MetroCard, NJ Transit Rail) accepts a debit card and/or credit card.
- The parking Commuter Card can be used to pay for parking directly (at participating garages), eliminating the need to pay for parking yourself and file claims or submit receipts for reimbursement. Check with Health Equity to see if your garage is participating.

With the Commuter Cards, you decide how much money to load onto your card each month to cover your monthly commuting costs. As with every payment option, be sure to save your receipts for all Health Equity Commuter Card transactions.

Please Note: The Commuter Card is intended for use each month. If Health Equity determines that the outstanding card balance exceeds a certain threshold, contributions to that account will be suspended until the balance on your card is below that threshold.

Three Ways to Pay for Parking

There are three ways you can pay for eligible parking expenses with the Parking Account:

- **Commuter Card:** With the Commuter Card, your contributions go to purchase prepaid cards, and you use these to pay for parking each time you park. See “How Commuter Cards Work” on page 29.
- **Pay My Provider:** With the Pay My Provider option, Health Equity sends payment (using your contributions) directly to the garage. You must ensure that the payment information is accurate and that your garage will accept payment from a third party.
- **Pay Me Back:** With the Pay Me Back option, you pay your garage, and then you file a claim to be reimbursed from your Parking Account. See “How the “Pay Me Back” Parking Option Works” on page 30.

Parking Permits Coordinated by JPMorganChase
One of the advantages of enrolling in the Parking Account option is that you can benefit from before-tax payroll deductions. By electing the “Pay My Provider” option, before-tax and after-tax deductions will be taken from your pay and Health Equity will pay your garage directly. If you choose this option, you should advise your JPMorganChase parking coordinator to discontinue any current after-tax payroll deductions that are not part of the Transportation Spending Accounts — this will help avoid the possibility of overpayment to the garage. Alternatively, if you continue to have your JPMorganChase parking coordinator pay the garage and then file for reimbursement through Health Equity, you should elect to participate in the “Pay Me Back” option. **Please Note:** Payroll deductions for the “Pay Me Back” option are limited to before-tax legal limits.

How the “Pay Me Back” Parking Option Works

If you don’t want to have Health Equity coordinate paying for your parking, but you want the savings from using the Parking Account, you can use the “Pay Me Back” option. With this option, your pay for parking yourself and then file claims for reimbursement from your Parking Account.

Under the “Pay Me Back” option, you have 180 days following the end of the benefit month to file claims for reimbursement. After the claims filing deadline, the unclaimed balance will be applied toward future payroll deductions.

The month in which a claim is reimbursed under this option depends on the day of the month on which the claim is submitted. This determination is made following the same election period schedule as that which determines when payroll deductions are taken as outlined under “Schedule of Monthly Enrollment Dates” on page 32. For example, a claim filed from September 2 – October 1 would be reimbursed in October, while a claim filed from October 2 – November 1 would be reimbursed in November.

Cash Flow When You First Enroll

The Transportation Spending Accounts allow you the convenience of pre-electing your eligible monthly commuter pass/ticket/voucher and/or parking expenses for the coming month. As a result, your payroll deductions for a given month will be used to fund eligible commuting expenses for the following month. Because of this, you should be aware of certain short-term effects on your personal financial situation when you first enroll in the program.

For example, if you elect to participate for the month of June, you may need to pay out-of-pocket for May commuting expenses, in addition to having payroll deductions taken in May for your pre-elected June commuting expenses. For instance, if your monthly train ticket costs $125 and you enroll by May 1, during the month of May you’ll have payroll deductions of $125 taken on a before-tax basis. These deductions will be used to pay for your June ticket. You’ll need to purchase your May ticket separately. Please plan accordingly.

Unused Before-Tax Dollars

The Transportation Spending Accounts, under Section 132 of the Internal Revenue regulations, allow qualified transportation expenses to be excluded from an employee’s gross income. Under these regulations, before-tax contributions are non-refundable to the employee under any circumstances, including termination of employment, retirement, or death. This can result in forfeitures in those circumstances.

To avoid forfeitures, under the “Pay Me Back” option, you have 180 days following the end of the benefit month to file claims for reimbursement. After the claims filing deadline, the unclaimed balance will be applied toward future payroll deductions.

Enrolling in the Transportation Accounts

You can enroll in the Transportation Spending Accounts at any time. You must enroll by the first of the month so that payroll deductions can begin and be used to purchase a pass or parking for the following month. For instance, you must enroll by June 1 in order for your June payroll contributions to be withheld, which will be used to purchase your July 1 pass or parking. See "When Participation Begins" on page 32 for more information. Generally, you should wait to enroll for about 10 business days after your date of hire or other status change, such as a return from a leave of absence, to allow for necessary administrative processing.

- To enroll online, visit the Transportation Spending Accounts Web Center via **My Rewards**, or via the internet at www.healthequity.com.
- To enroll via phone, contact the Transportation Spending Accounts Call Center.

Once you enroll in the Transportation Spending Accounts, you will be responsible for updating your delivery mailing address changes through Health Equity, the Transportation Spending Accounts administrator. In addition, certain transit agencies (i.e., the Long Island Railroad and MetroNorth Railroad) require that you first set up an account with the agency before you can use this benefit. You must manage your ticket choices directly through these agencies, and your payroll elections through Health Equity, who will make the before-tax (and after-tax, if applicable) deduction from your pay and send your payment to the applicable transit agency (see "MetroNorth Railroad and Long Island Railroad (LIRR)" on page 31 for more information).

Please Note: By enrolling in the JPMorgan Chase Transportation Spending Accounts, you authorize JPMorganChase to reduce your base salary on a before-tax and after-tax basis to pay for eligible commuting and parking expenses incurred after the date of your enrollment. The contribution amount you elect is a monthly amount that will be divided based on 24 pay periods a year. Your election will automatically renew from month to month unless you make a change or elect a one-time contribution. In most instances, if the cost of your commuter pass/ticket increases, your payroll deductions will automatically increase to cover the cost.

MetroNorth Railroad and Long Island Railroad (LIRR)

If you live in the Metropolitan New York area and you commute to work using either MetroNorth Railroad or the Long Island Railroad, setting up your Transportation Spending Accounts is a two-step process:

1. You must first set up a Mail & Ride Account through the www.mta.info website. When you get to the home page, select either "MetroNorth Railroad" or "Long Island Railroad" and select "Travel" then "Mail and Ride." You should also indicate whether you want to pay by credit card or check (to be used for any costs above your before-tax payroll deductions).
2. Once you have set up your Mail & Ride account, you can then set up your before-tax election by logging onto the Transportation Spending Accounts Web Center (see access information under "Enrolling in the Transportation Account" on page 31). You can elect an amount up to the before-tax legal monthly limit or the full amount of your commuting cost. Your deductions will then be forwarded directly to the agency to pay for your ticket.

If your payroll deductions do not cover the full cost of your transit election, then the agency will either charge your credit card or request payment by check depending on the payment option you selected with the Metropolitan Transportation Authority (MTA).

Please remember if you need to change your ticket (such as a home address change, origination station or destination station change), you must contact either MetroNorth or the Long Island Railroad. If the change you make results in a change in fare, you can enter the new amount on the Transportation Spending Account Web Center or contact the Transportation Spending Accounts Call Center (see "Enrolling in the Transportation Account" on page 31 for contact information).

In the event you no longer commute using MetroNorth or LIRR, you must:

- Cancel your commuter pass directly with MetroNorth or the LIRR; and
- Contact Health Equity to discontinue your contributions.

This must be done by the first of the month before the month you wish the change to take effect.

When Participation Begins

If you choose to contribute, your contributions will begin to be deducted from your pay based on your election period as shown in the following chart:

Schedule of Monthly Enrollment Dates

Election Periods:	Payroll Deductions Taken:	For Expenses Incurred In:
January 2 - February 1	February	March
February 2 - March 1	March	April
March 2 - April 1	April	May
April 2 - May 1	May	June
May 2 - June 1	June	July
June 2 - July 1	July	August
July 2 - August 1	August	September
August 2 - September 1	September	October
September 2 - October 1	October	November
October 2 - November 1	November	December
November 2 - December 1	December	January
December 2 - January 1	January	February

Please Note: You must have a valid U.S. ZIP code for your home address on file with JPMorganChase to be able to participate in the Transportation Spending Accounts.

Eligible Expenses

The specific expenses listed below are currently considered by the Internal Revenue Service (IRS) to be eligible commuting expenses. **Please Note:** This list is subject to change at any time based upon IRS guidance.

Eligible Transit Account Expenses

- **Transit Passes.** Your cost for any pass, token, fare card, voucher, or similar item that entitles you to transportation on mass transit facilities to and from work.
- **Vanpooling.** Your cost for transportation provided to you between your home and work by a person in the business of transporting people for compensation, in a commuter vehicle that seats six or more adults (excluding the driver).

Eligible Parking Account Expenses

- Your cost of parking provided to you at or near your JPMorganChase work location; or
- Your cost of parking at or near a location from which you commute between your home and work by vanpooling, carpooling, or mass transit. (This does not include parking at or near your home, for example, in an apartment building's parking garage.)

In calculating the cost of your monthly expenses, you should take into account any discounts that you receive. If you fail to do so, you may be in receipt of taxable income.

Expenses *Not* Eligible

The following expenses do not qualify as eligible expenses under the Transportation Spending Accounts. This list may change at any time.

Ineligible Transit Account Expenses

- Car and/or vanpooling expenses with seating for fewer than six passengers (excluding the driver);
- Taxicab fares (including ride-sharing services, such as Uber and Lyft);
- Valet;
- Highway, bridge, or tunnel tolls;
- Non-work-related transportation;
- Reimbursed expenses incurred for business travel, such as traveling from the office to a business or client meeting, or traveling from one job to another;
- Transit expenses incurred by other household members; and
- Parking expenses. (These are covered under the Parking Account.)

Ineligible Parking Account Expenses

- Non-work-related parking;
- Parking paid for by JPMorganChase;
- Parking costs incurred at a temporary work location (one year or less);
- Parking at or near an employee's residence;
- Parking expenses incurred by other household members;
- Gasoline or mileage expenses;
- Valet; and
- Transit expenses. (These are covered under the Transit Account.)

Managing Your Accounts and Receiving Reimbursements

This section explains how you can track the status of your accounts and cover your eligible expenses.

The ways expenses are covered varies between the different accounts.

Ask Your Claims Administrator
You can also contact your claims administrator if you have a question about the spending accounts (see contact information in the *Contacts* section).

Tracking Your Spending Accounts

Health Care Spending Account

You can check your Health Care Spending Account Balance (even if you are not enrolled in the Medical Plan) on the Aetna/Inspira or Cigna websites, which are accessible via **My Health**.

Dependent Care Spending Account

You can check your Dependent Care Spending Account balance on the Aetna/Inspira or Cigna websites, which are accessible via **My Health**.

Transportation Spending Accounts

Information about your Transportation Spending Accounts is available online at the Health Equity website, which is accessible from the Transportation Spending Accounts Web Center link on **My Rewards**.

Receiving Health Care Spending Account Reimbursements

The claim processing method for your Health Care Spending Account differs by the type of expense and your Medical Reimbursement Account payment method under the Medical Plan, as described in the following sections. When submitting a claim for eligible expenses for a covered dependent, please include the dependent's name.

Please be mindful of the claim filing deadline: you have until March 31 of the year following the plan year (January 1 – December 31) to submit claims for the Health Care Spending Account incurred during the plan year. If you are submitting your claim by mail, the postmark date must be no later than March 31.

Medical Expenses: If You Are Enrolled in the JPMorgan Chase Medical Plan

If you are enrolled in the JPMorgan Chase Medical Plan, the funds in your Medical Reimbursement Account (MRA) will be used to pay for eligible out-of- pocket medical and prescription drug expenses *before* your Health Care Spending Account funds are used. The claim processing method that applies to your MRA (i.e., Automatic Claim Payment or Debit Card) will apply to your Health Care Spending Account for Medical Plan expenses.

Using Automatic Claim Payment for Medical Plan Expenses

If you elected or were assigned (if applicable) Automatic Claim Payment for your MRA, that method will also apply to your Health Care Spending Account. With Automatic Claim Payment, you do not have to submit a paper claim form to be reimbursed from your Health Care Spending Account for medical expenses.

- **In-network providers** will generally submit your Medical Plan claim electronically to your health care company; you will not be asked to pay at the point of service. Your health care company will pay your provider for the Plan's share of the expense and will make payment to your provider for your share of the expense first from your MRA and then from your Health Care Spending Account. If your MRA and Health Care Spending Account have been depleted, your provider will bill you for the remaining balance.
- **In the case of an out-of-network provider**, you should ask if they will submit the claim for you. If they agree to do so, your claim will be processed as described above for an in-network provider. If you are required to pay in full at the point of service, you would need to file a Medical Claim Form to be reimbursed for the Medical Plan's share of the expense.

Medical claims can be filed online with your health care company, at www.mycigna.com or www.aetna.com, as appropriate. You can also file paper claims, if you prefer. (See "Paper Reimbursement Claims" on page 38.) For any claims, you can sign up for direct deposit with your health care company, so that any reimbursements are deposited directly into your account, instead of having a check mailed to you.

In addition to processing the claim to determine the amount the Medical Plan should have paid, your health care company will determine what amount can be reimbursed to you from your MRA and/or Health Care Spending Account. Your health care company will make payment first from your MRA and then from your Health Care Spending Account.

- **When you fill a prescription** at a network pharmacy or use Maintenance Choice® (including mail order), your claim will be submitted to CVS Caremark. After CVS Caremark pays its share of the cost, your health care company will pay your share of the expense first from your MRA and then from your Health Care Spending Account. If your MRA and Health Care Spending Account do not have enough money to cover your share of the cost, you will need to pay the amount you owe out-of-pocket.

  If you purchase your prescription drugs through a non-network pharmacy or do not show your CVS Caremark ID card at network pharmacy, you will have to pay for the prescription drug and then file a CVS Caremark Claim Form to be reimbursed for the amount owed by the Plan. After you receive your Explanation of Benefits you can submit the MRA and/or HCSA Claim Form to request reimbursement for your share of the expense from your MRA and/or Health Care Spending Account. (See "Paper Reimbursement Claims" on page 38).

Using the Debit Card for Medical Plan Expenses

If you elected or were assigned (if applicable) the Debit Card for your MRA, that method will also apply to your Health Care Spending Account. When you receive a service you have a choice whether to pay the expense out-of-pocket or with your debit card. When using the debit card to pay for eligible expenses incurred by a covered dependent, be sure to include the dependent's name.

- **In-network providers** will submit a claim to your health care company, which will pay your provider for the Medical Plan's share of the expense. Your doctor will bill you for your share. You can then decide whether to use your debit card to pay your bill or pay out-of-pocket.

  If you use your debit card to pay your share of the expense, you would give your provider your debit card number and the card would use funds first from your MRA and then from your Health Care Spending Account to pay the provider. You should keep your receipt in case you are asked to substantiate your expense; see "Debit Card General Information" on page 37.

  If you pay out-of-pocket, you may request reimbursement from your MRA and Health Care Spending Account by submitting the MRA and/or HCSA Claim Form (see "Paper Reimbursement Claims" on page 38).

- **When you visit an out-of-network provider**, you should show the provider your Medical Plan ID card and ask if they will submit the claim for you. If they agree to do so, your claim will be processed as described above for in- network providers (your health care company will pay your provider for the Medical Plan's share of the expense and your doctor will bill you for your share). You can then decide whether to use your debit card to pay your bill or pay out-of-pocket. If you wish to use your debit card and if the provider will accept your debit card as payment, your claim will be processed in the same way as with an in-network provider – the card would use funds first from your MRA and then from your Health Care Spending Account to pay the provider. You should keep your receipts in case you are asked to substantiate your expense; see "Debit Card General Information" on page 37.

  If an out-of-network provider will not accept your debit card, you will need to pay the full expense out-of-pocket and file a Medical Claim Form to be reimbursed for the Medical Plan's share of the expense. You can then request reimbursement from your MRA and Health Care Spending Account for your share of the expense by submitting the MRA and/or HCSA Claim Form (see "Paper Reimbursement Claims" on page 38).

Medical claims can be filed online with your health care company, at www.mycigna.com or www.aetna .com, as appropriate. You can also file paper claims, if you prefer. (See "Paper Reimbursement Claims" on page 38.) For any claims, you can sign up for direct deposit with your health care company, so that any reimbursements are deposited directly into your account, instead of having a check mailed to you.

- **When you fill a prescription** at a network retail pharmacy or use Maintenance Choice® (including mail order), your claim will be submitted to CVS Caremark. After CVS Caremark pays its share of the cost, you can decide whether to use your debit card to pay your share of the cost or pay out-of-pocket at the pharmacy. If you use your debit card, the card will use funds first from your MRA and then from your Health Care Spending Account. If you pay out-of-pocket, you can submit the MRA and/or HCSA Claim Form to request reimbursement for your share of the expense from your MRA and Health Care Spending Account (see "Paper Reimbursement Claims" on page 38). You should keep your receipt in case you are asked to substantiate your expense; see "Debit Card General Information" on page 37.

  If you purchase your prescription drugs through a non-network pharmacy or do not show your CVS Caremark ID card at a network pharmacy, you will have to pay for the prescription drug and then file a CVS Caremark Claim Form to be reimbursed. After you receive your EOB you can submit the MRA and/or HCSA Claim Form to request reimbursement for your share of the expense from your MRA and Health Care Spending Account. (See "Paper Reimbursement Claims" on page 38).

Medical Expenses: If You Do Not Participate in the JPMorgan Chase Medical Plan

You will automatically receive a debit card from Cigna for your Health Care Spending Account if you do not participate in the JPMorgan Chase Medical Plan. This card maintains your Health Care Spending Account balance and can be used to pay for eligible expenses at the point of purchase. By using the card, you minimize the need to file claims and wait for reimbursement.

At the point of service, you may use your debit card to pay the provider directly, or you may pay out-of-pocket and then submit the Health Care Spending Account Claim Form to request reimbursement from your Health Care Spending Account (see "Paper Reimbursement Claims" on page 38). You should keep your receipt in case you are asked to substantiate your expense; see "Debit Card General Information" on page 37.

Dental and/or Vision Expenses

If You Have Automatic Claim Payment (from the JPMorgan Chase Medical Plan)

The Automatic Claim Payment method that is available to JPMorgan Chase Medical Plan participants cannot be used with dental/vision expenses. If you elected or were assigned Automatic Claim Payment, you will need to pay your provider out-of-pocket for dental/vision expenses that are not covered by any dental/vision plan you have elected. You can then submit the MRA and/or HCSA Claim Form to request reimbursement from your Health Care Spending Account. See "Paper Reimbursement Claims" on page 38 for more information.

Claims can be filed online with your health care company, at www.mycigna.com or www.aetna.com, as appropriate. You can also file paper claims, if you prefer. (See "Paper Reimbursement Claims" on page 38.) For any claims, you can sign up for direct deposit with your health care company, so that any reimbursements are deposited directly into your account, instead of having a check mailed to you.

If You Have the Debit Card

You can use your debit card to pay at the point of service for a dental/vision expense or you can pay out-of-pocket. If you pay out-of-pocket, you can then submit the MRA and/or HCSA Claim Form (if you are enrolled in the Medical Plan) or the Health Care Spending Account Claim Form (if you are not enrolled in the Medical Plan) to receive reimbursement from your Health Care Spending Account. You should keep your receipt in case you are asked to substantiate your expense; see “Debit Card General Information” on page 37.

Claims can be filed online with your health care company, at www.mycigna.com or www.aetna.com, as appropriate. You can also file paper claims, if you prefer. (See “Paper Reimbursement Claims” on page 38.) For any claims, you can sign up for direct deposit with your health care company, so that any reimbursements are deposited directly into your account, instead of having a check mailed to you.

Debit Card General Information

Debit card transactions will be processed at valid vendors only. Some examples of valid vendors are doctors’ offices, pharmacies, hospitals, laboratories, dentists, and vision care providers. Generally, if you participate in the Health Care Spending Account (HCSA) and elect this payment method, in most cases your medical and/or dental claims may be automatically substantiated if you participate in a medical or dental plan option with the same carrier that administers your HCSA. For example, if you participate in the Cigna DHMO and Cigna administers your HCSA, if your dentist submits an invoice for services that are not otherwise covered at 100% by the plan, your debit card payment to the dentist would be automatically substantiated.

Please Note: Not all providers accept the debit card as a form of payment. In those instances, you will need to pay out-of-pocket and then submit an MRA and/or HCSA Claim Form for reimbursement (if you are enrolled in the Medical Plan) or the Health Care Spending Account Claim Form (if you are not enrolled in the Medical Plan) to request reimbursement (see “Paper Reimbursement Claims” on page 38).

When the vendor processes your transaction, the funds will be transferred from your Health Care Spending Account directly to the vendor. Although the card functions like a debit card, you should always choose the “credit card” option if asked what type of card it is.

The IRS requires proof of qualified purchases made with a spending account card. Your debit card transactions will be automatically substantiated when the card is used at businesses that utilize IRS “Inventory Information Approval System (IIAS) swipe technology” to identify and substantiate eligible health care expenses as per Section 213(d) of the Internal Revenue Code. The IIAS technology allows you to use your debit card to pay for eligible expenses without having to provide additional documentation, as transactions are verified at the point of sale. In addition, IIAS compatibility allows you to use your debit card to pay for both ineligible expenses and eligible health care expenses in the same transaction (eligible health care expenses are approved for payment via the debit card and remaining ineligible expenses may be paid using another form of payment). When you use your card at participating retailers, eligible health care expenses will be identified and noted on your receipt. You will generally not have to submit receipts for reimbursement if your purchases are made at a participating retailer. You can see a full list of participating IIAS-compliant retailers at: http://www.sig-is.org.

If you go to a retailer that is not IIAS-compliant you can still purchase eligible health care expenses with your debit card. You should save your receipts, as you will be asked to substantiate the expense.

Even if you use your debit card at a vendor that utilizes IIAS, it is still recommended that you keep your itemized receipts as part of your tax records. If you are required to provide proof of a qualified purchase, you will receive a request for substantiation. Failure to provide the required substantiation will result in the temporary deactivation of your Health Care Spending Account debit card, and you will be required to repay the amount of the unsubstantiated/ineligible expense before the card is reactivated.

Federal tax law requires that unsubstantiated claims be offset against subsequent substantiated claims. If you remain indebted after these steps, JPMorganChase will be required to treat the overpayment as it would any other indebtedness owed to the Company. Your case will be referred to an internal JPMorganChase Fraud Recovery unit that will follow their procedures to bring your case to closure.

Receiving Dependent Care Spending Account Reimbursements

When you incur an eligible expense under the Dependent Care Spending Account, you must pay out-of-pocket for the expense and file the Dependent Care Spending Account (DCSA) Claim Form to receive reimbursement from your Dependent Care Spending Account. See “Paper Reimbursement Claims” on page 38 for more information.

Please be mindful of the claim filing deadline: you have until March 31 of the year following the plan year to submit eligible claims for the Dependent Care Spending Account incurred during the plan year (January 1 – December 31). If you are submitting your claim by mail, the postmark date must be no later than March 31.

Paper Reimbursement Claims

You can download and print the claim forms needed to request reimbursement from your Health Care and Dependent Spending Accounts via **My Health** or on your carrier’s website (Aetna/Inspira or Cigna).

Please Note: The Dependent Care Spending Account requires that your receipt include the care provider’s name, address and taxpayer identification number (or Social Security number). Without this information, the care usually won’t qualify as an eligible Dependent Care Spending Account expense.

Send your completed claim form and supporting receipts to the appropriate address or fax number:

Claim Form	Address
Aetna/Inspira	***For Health Care and MRA Claims*** Aetna P.O. Box 14079 Lexington, KY 40512-4079 Phone: (800) 468-1266 Monday through Friday, 8 a.m. to 8 p.m., Eastern time ***For Spending Account Claims (Health Care and Dependent Care)*** Inspira Financial P.O. Box 14879 Lexington, KY 40512-4879 Fax: (888) 238-3539 (888) 678-8242 Monday through Friday, 8 a.m. to 8 p.m., and Saturday 10 a.m. to 3 p.m., Eastern time
Cigna	Cigna P.O. Box 182223 Chattanooga, TN 37422-7223 Fax: (859) 410-2432 Toll-Free Fax: (877) 823-8953

You must submit claims incurred during the plan year (January 1 – December 31) by the claim filing deadline, March 31 of the year following the plan year. If you are submitting your claim by mail, the postmark date must be no later than March 31.

Transportation Spending Accounts Reimbursements

In most cases, you do not need to file a claim to be reimbursed for transit expenses. Your payroll deductions under the Transportation Spending Accounts are deducted from your account each pay period and used to pay for your eligible monthly commuter pass/ticket and/or parking expenses. You order your commuter passes/tickets and/or authorize payment directly to your parking facility at the time of your enrollment. Generally, there is no reimbursement feature under the Transit Account.

Filing a Claim for Parking Expense Reimbursement ("Pay Me Back" Option)

If your eligible monthly parking expenses are unpredictable, you may be eligible to receive reimbursement for your before-tax expenses by enrolling in the "Pay Me Back" option. With this option, you will need to pre-elect the estimated amount of your expenses for the upcoming month, pay for your expenses, and then submit a claim for reimbursement.

You have 180 days following the end of any particular benefit month you participated in the program to file claims for reimbursement from your "Pay Me Back" account; otherwise, it will be applied as a credit toward future payroll deductions.

There are two ways you can submit a claim for reimbursement for eligible Parking Account expenses:

- Print out and complete a claim form from the Transportation Spending Accounts Web Center via **My Rewards**. Then fax the form with any parking receipts to the Transportation Spending Accounts Call Center at (877) 353-9236, or mail the form to the address printed on the form. You can also have a claim form faxed or mailed to you by contacting the Transportation Spending Accounts Call Center at (877) 924-3967.
- If your parking provider does not provide receipts (for example, a parking meter) you can submit the claim online without any receipts. Visit the Transportation Spending Accounts Web Center via **My Rewards**, click on the "Pay Me Back" account link and then click "File Online Claim" for the month you want to submit your claim.

You can check the claim filing deadline for each month by visiting the Transportation Spending Accounts Web Center via **My Rewards** and clicking the "Account Activity" page for your account. If you have a balance remaining after the claim filing deadline, it will be applied towards future payroll deductions.

Please Note: Payroll deductions for the "Pay Me Back" option are limited to the before-tax legal limits. Reimbursements for "Pay Me Back" are made through direct deposit or check on a monthly basis.

Reimbursement Processing

Health Care and Dependent Care paper claims are processed on a timely basis and are paid either through direct deposit or check. Reimbursements for the "Pay Me Back" option for the Transit Account and Parking Account are made through direct deposit or check on a monthly basis by Health Equity.

Uncashed Reimbursement Checks

Any amounts for which paper checks were issued and not cashed under the Health Care and/or Dependent Care Spending Accounts, or under the "Pay Me Back" option under the Transportation Spending Account Parking Account, will be treated as forfeited and will become the property of JPMorganChase no later than 24 months following the year in which the check was originally issued.

Appealing a Claim

If a claim under any of the Spending Accounts is denied, either in whole or in part, you can appeal the denial by following the appropriate procedures described in the *Plan Administration* section.

Defined Terms

As you read this summary of the JPMorgan Chase Spending Accounts, you'll come across some important terms related to the accounts. To help you better understand the accounts, many of those important terms are defined here.

After-Tax Contributions	After-tax contributions are contributions that are taken from your pay after federal, state and local income taxes are withheld.
Before-Tax Contributions	Before-tax contributions are contributions that are taken from your pay before federal (and, in most cases, state and local) taxes are withheld. Before-tax dollars are also generally taken from your pay before Social Security taxes are withheld. This lowers your taxable income and your income tax liability. Your Medical, Dental, Vision and Spending Accounts Plans payroll contributions are generally taken on a before-tax basis.
Claims Administrator	The claims administrator is the company that provides certain claims administration services for the Spending Accounts. JPMorganChase is not involved in deciding appeals for any benefit claim denied under the Spending Accounts. All fiduciary responsibility and decisions regarding a claim for a denied benefit under the Plan rest solely with the claims administrator. **Please Note**: Claims and appeals relating to eligibility to participate in the Health Care Spending Account are decided by the plan administrator. Consult the *Plan Administration* section for details.
COBRA	The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) is a federal law that allows you and/or your covered dependents to continue Medical Plan coverage on an after-tax basis (under certain circumstances) when coverage would otherwise end. The *Health Care Participation* section provides details on COBRA coverage.
Publications 502, 503 and 15B	Publications 502, 503 and 15B are Internal Revenue Service (IRS) publications that can be used as a guide to determine eligible and ineligible expenses under the Health Care Spending Account, Dependent Care Spending Account and Transportation Spending Accounts. You can request a copy by calling the Internal Revenue Service (IRS) at (800) 829-FORM ((800) 829-3676), or you can view these publications by logging on to www.irs.gov.
Qualified Status Change	The JPMorganChase benefits you elect during each Annual Benefits Enrollment will generally stay in effect throughout the plan year, unless you elect otherwise, because of a Qualified Status Change (QSC). If you have a QSC, you have 31 days from the qualifying event to make benefits changes; 90 days from the qualifying event if the event is the birth or adoption of a child. The benefits you elect will be effective the date of the event if you make the elections timely. Any changes you make during the year to your Health Care and Dependent Care Spending Accounts must be consistent with your QSC. Please see "Qualified Status Change" on page 9 for more information. For the Transportation Spending Accounts, you are not limited on when you can begin, end, or change your contributions, so QSCs do not apply for those accounts. **Please Note:** Regardless of whether you experience a qualified change in status, you cannot change your health care company during the year.