Financial Advisors

YOUR BENEFIT BOOKLET

Edward D. Jones & Co., L.P.

Disability Income Coverage: Short Term Benefits

Effective January 1, 2022
Revised November 1, 2026

YOUR BENEFIT BOOKLET

INTRODUCTION

This Benefit Booklet describes the benefits available to you under the self-funded Disability Income Coverage: Short Term Benefits Plan ("Plan") of Edward D. Jones & Co., L.P. Please read this Benefit Booklet carefully to become familiar with your benefits. This plan is effective as of January 1, 2022.

This is a self-funded Disability Income Coverage: Short Term Benefits Plan provided by the Employer. Metropolitan Life Insurance Company (“MetLife”) does not insure the benefits described in this Benefit Booklet.

Claims are administered on behalf of This Plan by MetLife as the Claim Administrator pursuant to the terms of an administrative service agreement.

Please note that the terms “You” and “Your” throughout this Benefit Booklet refer to the associate, except where otherwise indicated. Many of the terms that are important in understanding your benefits are explained in the DEFINITIONS section.

Edward D. Jones & Co., L.P.

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BENEFITS AT A GLANCE

This section provides You with a brief outline of Your benefits. Certain limitations and exclusions may apply to any benefit or benefit amount. It is important that You refer to the provisions contained in this Benefit Booklet for details about Your benefits.

BENEFIT	BENEFIT AMOUNT AND HIGHLIGHTS
Disability Income Coverage For You: Short Term Benefits	
Weekly Benefit……	75% of Your Predisability Earnings, subject to the INCOME WHICH WILL REDUCE YOUR DISABILITY BENEFIT section
Maximum Weekly Benefit……	None
Minimum Weekly Benefit……	$20
Elimination Period……	**For Injury** • *14 days of Disability **For Sickness** • *14 days of Disability
Maximum Benefit Period……	90 days less the Elimination Period
Rehabilitation Incentives……	No

* If STD benefits are approved beyond the **14th day**, your elimination period is waived and benefits will start on the first day absent.

DEFINITIONS

As used in this Benefit Booklet, the terms listed below will have the meanings set forth below. When defined terms are used in this Benefit Booklet, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

Actively at Work or Active Work means that You are performing all of the usual and customary duties of Your job on a Full-Time basis. This must be done at:

- the Employer's place of business;
- an alternate place approved by the Employer; or
- a place to which the Employer's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Employer approved vacations, holidays or business closures if You were Actively at Work on the last scheduled work day preceding such time off.

Appropriate Care and Treatment means medical care and treatment that is:

- given by a Physician whose medical training and clinical specialty are appropriate for treating Your Disability;
- compliant with Your doctor's treatment requirements; and
- provide required medical certificate of Your Disability as required.

Beneficiary means the person(s) to whom benefits will be paid as determined in accordance with the section entitled GENERAL PROVISIONS.

Claim Administrator means Metropolitan Life Insurance Company ("MetLife"), New York, New York. The Claim Administrator does not insure the benefits described in this Benefit Booklet.

Disabled or **Disability** means that, due to Sickness or as a direct result of accidental injury:

- You are receiving Appropriate Care and Treatment and complying with the requirements of such treatment; and
- You are, unable to earn more than 80% of Your Predisability Earnings at Your Own Occupation for any employer; and
- unable to perform each of the material duties of Your Own Occupation for any employer.

For purposes of determining whether a Disability is the direct result of an accidental injury, the Disability must have occurred within 90 days of the accidental injury and resulted from such injury independent of other causes.

If Your occupation requires a license, the fact that You lose Your license for any reason will not, in itself, constitute Disability.

Domestic Partner means each of two people, one of whom is an associate of the Employer, who:

- have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available; or
- are of the same or opposite sex and have a mutually dependent relationship so that each has an insurable interest in the life of the other. Each person must be:

    1. 18 years of age or older;
    2. unmarried;
    3. the sole domestic partner of the other person and have been so for the immediately preceding 12 months;
    4. sharing a primary residence with the other person and have been so sharing for the immediately preceding 12 months; and
    5. not related to the other in a manner that would bar their marriage in the jurisdiction in which they reside.

A Domestic Partner affidavit attesting to the existence of an insurable interest in one another's lives must be completed and Signed by the associate.

Elimination Period means the period of Your Disability during which This Plan does not pay benefits. The Elimination Period begins on the day You become Disabled and continues for the period shown in the BENEFITS AT A GLANCE.

Employer means Edward D. Jones & Co., L.P.

Full-Time means Active Work of at least 35 hours per week on the Employer's regular work schedule for the eligible class of associates to which You belong.

Noncontributory Coverage means coverage for which the Employer does not require You to pay any part of the cost of coverage.

Own Occupation means the occupation You routinely perform that provides the primary source of Your earned income. In determining your Own Occupation, We will look at Your occupation as it is normally performed instead of how it is performed for any specific employer or in any specific location.

Physician means:

- a person licensed to practice medicine in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Physician's services for purposes of the group benefits. Each such person must be licensed in the jurisdiction where he performs the service and must act within the scope of that license. He must also be certified and/or registered if required by such jurisdiction.

The term does not include:

- You;
- Your Spouse; or
- any member of Your immediate family including Your and/or Your Spouse's:
  - parents;
  - children (natural, step or adopted);
  - siblings;
  - grandparents;
  - or grandchildren.

Predisability Earnings means gross supplemental salary and commissions averaged over a 6 month period prior to Your last day of Active Work before Your Disability began, subject to any increase or decrease in coverage as described in the ELIGIBILITY PROVISIONS: COVERAGE FOR YOU, Increase in Coverage and Decrease in Coverage provisions. The Claim Administrator calculates this amount on a weekly basis.

Proof means Written evidence satisfactory to the Claim Administrator that a person has satisfied the conditions and requirements for any benefit described in this Benefit Booklet. When a claim is made for any benefit described in this Benefit Booklet, Proof must establish:

- the nature and extent of the loss or condition;
- This Plan's obligation to pay the claim; and
- the claimant's right to receive payment.

Proof must be provided at the claimant's expense.

Sickness means illness, disease or pregnancy, including complications of pregnancy.

DEFINITIONS (continued)

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper or electronic media which is acceptable to the Claim Administrator, and consistent with applicable law.

Spouse means Your lawful spouse. Wherever the term "Spouse" appears in the Benefit Booklet it shall, unless otherwise specified, be read to include Your Domestic Partner.

This Plan means the self-funded Disability Income Coverage: Short Term Benefits plan of the Employer.

Written or **Writing** means a record which is on or transmitted by paper or electronic media which is acceptable to the Claim Administrator and consistent with applicable law.

You and **Your** mean an associate who is eligible for the benefits described in this Benefit Booklet.

ELIGIBILITY PROVISIONS: COVERAGE FOR YOU

ELIGIBLE CLASS(ES)

All full-time active Financial Advisors of Edward D. Jones & Co., L.P. This plan excludes Financial Advisor Trainees, Financial Advisor Interns, and Associates who work on a temporary or seasonal basis.

- Associate means employees and partners of the Policyholder. For the purposes of the insurance provided under this certificate, employment means You are an Associate who is Actively at Work in an Eligible Class, whether as an employee or partner.

DATE YOU ARE ELIGIBLE FOR COVERAGE

You may only become eligible for the coverage available for Your eligible class as shown in the section entitled BENEFITS AT A GLANCE.

You will be eligible for the coverage described in this Benefit Booklet on the later of:

1. January 1, 2022; and

2. the first day of the calendar month following the date You complete the Waiting Period of 1 month.

Waiting Period means the period of continuous membership in an eligible class that You must wait before You become eligible for coverage. This period begins on the date You enter an eligible class and ends on the date You complete the period(s) specified.

ENROLLMENT PROCESS

If You are eligible for coverage, for noncontributory plans, enrollment is automatic and there is no enrollment process.

DATE YOUR COVERAGE TAKES EFFECT

Rules for Noncontributory Coverage

Noncontributory Coverage will take effect on the date You become eligible, provided You are Actively at Work on that date.

If You are not Actively at Work on the date the Noncontributory Coverage would otherwise take effect, coverage will take effect on the day You resume Active Work:

- Resume Active Work on a full-time basis, and
- Complete one full day of scheduled service.

If You are not Actively at Work on the date the Noncontributory Coverage would otherwise take effect, coverage will take effect on the day You:

- Resume Active Work on a full-time basis, and
- Complete one full day of scheduled service.

Increase in Coverage

An increase in coverage due to an increase in Your earnings will take effect on the date of the increase in Your earnings.

If You are not Actively at Work on the date coverage would otherwise take effect, coverage will take effect on the day You resume Active Work.

Decrease in Coverage

A decrease in coverage due to a decrease in Your earnings will take effect on the date of change.

ELIGIBILITY PROVISIONS: COVERAGE FOR YOU (continued)

Changes in Your Disability Income Coverage will only apply to Disabilities commencing on or after the date of the change.

DATE YOUR COVERAGE ENDS

Your coverage will end on the earliest of:

1. the date the firm discontinues This Plan; or
2. the date You cease to be in an eligible class. You will cease to be in an eligible class on the last day of the month in which You cease Active Work in an eligible class, if You are not Disabled on that date; or
3. the last day of the month in which Your employment ends;
4. the last day of the month in which You retire in accordance with the Policyholder's retirement plan; or
5. the date of Your death.

Reinstatement of Disability Income Coverage

If Your coverage ends, You may become covered again as follows:

1. If Your coverage ends because:

    - You cease to be in an eligible class; or
    - Your employment ends; and

    You become a member of an eligible class again within 90 days of the date Your coverage ended, You will not have to complete a new Waiting Period or provide evidence of Your coverage eligibility.

CONTINUATION OF COVERAGE

FOR FAMILY AND MEDICAL LEAVE

Certain leaves of absence may qualify for continuation of coverage under the Family and Medical Leave Act of 1993 (FMLA), or other legally mandated leave of absence or similar laws. Please contact the Employer for information regarding such legally mandated leave of absence laws.

AT THE EMPLOYER'S OPTION

The Employer has elected to continue coverage by paying contributions for associates who are not Disabled and cease Active Work in an eligible class for any of the reasons specified below. If Your coverage is continued, coverage for Your Dependents may also be continued.

Disability Income Coverage will continue for the following periods:

1. for the period You cease Active Work in an eligible class due to injury or sickness, up to 12 months;

2. for the period You cease Active Work in an eligible class due to any other Employer approved leave of absence, up to 60 months.

   For purposes of this provision, leave of absence does not include a furlough. Furlough means an employer-mandated leave of absence.

At the end of any of the continuation periods listed above, Your coverage will be affected as follows:

- if You resume Active Work in an eligible class at this time, You will continue to be covered under This Plan;
- if You do not resume Active Work in an eligible class at this time, Your employment will be considered to end and Your coverage will end in accordance with the DATE YOUR COVERAGE ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: COVERAGE FOR YOU.

DISABILITY INCOME COVERAGE: SHORT TERM BENEFITS

If You become Disabled while covered, Proof of Disability must be sent to the Claim Administrator. When the Claim Administrator receives such Proof, the Claim Administrator will review the claim. If the Claim Administrator approves the claim, This Plan will pay the Weekly Benefit up to the Maximum Benefit Period shown in the section entitled BENEFITS AT A GLANCE, subject to the DATE BENEFIT PAYMENTS END section.

To verify that You continue to be Disabled without interruption after the Claim Administrator's initial approval of the Disability claim, the Claim Administrator may periodically request that You send the Claim Administrator Proof that You continue to be Disabled. Such Proof may include physical exams, exams by independent medical examiners, in-home interviews, or functional capacity exams, as needed.

While You are Disabled, the Weekly Benefits described in this Benefit Booklet will not be affected if:

- Your coverage ends; or
- This Plan is amended to change the plan of benefits for Your class.

BENEFIT PAYMENT

If the Claim Administrator approves Your claim, benefits will begin to accrue on the day after the day You complete Your Elimination Period. This Plan will pay the first Weekly Benefit one week after the date benefits begin to accrue. This Plan will make subsequent payments weekly thereafter so long as You remain Disabled. Payment will be based on the number of days You are Disabled during each week. For any partial week of Disability, payment will be made at the daily rate of 1/5th of the Weekly Benefit payable.

This Plan will pay Weekly Benefits to You. If You die, This Plan will pay the amount of any due and unpaid benefits as described in the section entitled GENERAL PROVISIONS subsection entitled Disability Income Benefit Payments: Who This Plan Will Pay.

RECOVERY FROM A DISABILITY

For purposes of this subsection, the term Active Work only includes those days You actually work.

The provisions of this subsection will not apply if Your coverage has ended and You are eligible for coverage under another group short term disability plan.

If You Return to Active Work Before Completing Your Elimination Period

If You return to Active Work before completing Your Elimination Period and then become Disabled, You will have to complete a new Elimination Period.

If You Return to Active Work After Completing Your Elimination Period

If You return to Active Work after You begin to receive Weekly Benefits, the Claim Administrator will consider You to have recovered from Your Disability.

If You return to Active Work for a period of 6 months or less, and then become Disabled again due to the same or related Sickness or accidental injury, the Claim Administrator will not require You to complete a new Elimination Period. For the purpose of determining Your benefits, the Claim Administrator will consider such Disability to be a part of the original Disability and will use the same Predisability Earnings and apply the same terms, provisions and conditions that were used for the original Disability.

DISABILITY INCOME COVERAGE: INCOME WHICH WILL REDUCE YOUR DISABILITY BENEFIT

This Plan will reduce Your Disability benefit by the amount of all Other Income. Other Income includes the following:

- a government compulsory benefit plan or program which provides payment for loss of time from Your job due to Your disability, whether such payment is made directly by the plan or program, or through a third party;
- any salary continuation that the Employer pays to You. In no event will the sum of the benefit payable under this plan and the salary continuation paid to You by the Employer exceed 100% of Your Predisability Earnings. In addition, the minimum Weekly Benefit will not apply.

SINGLE SUM PAYMENT

If You receive Other Income in the form of a single sum payment, You must, within 10 days after receipt of such payment, give Written Proof satisfactory to the Claim Administrator of:

- the amount of the single sum payment;
- the amount to be attributed to income replacement; and
- the time period for which the payment applies.

When the Claim Administrator receives such Proof, the Claim Administrator will adjust the amount of Your Disability benefit.

If the Claim Administrator does not receive the Written Proof described above, and the Claim Administrator knows the amount of the single sum payment, This Plan may reduce Your Disability benefit by an amount equal to such benefit until the single sum has been exhausted.

If the Claim Administrator adjusts the amount of Your Disability benefit due to a single sum payment, the amount of the adjustment will not result in a benefit amount less than the minimum amount, except in the case of an Overpayment.

If You receive Other Income in the form of a single sum payment and the Claim Administrator does not receive the Written Proof described above within 10 days after You receive the single sum payment, the Claim Administrator will adjust the amount of Your Disability Benefit by the amount of such payment.

DISABILITY INCOME COVERAGE: INCOME WHICH WILL NOT REDUCE YOUR DISABILITY BENEFIT

This Plan will not reduce Your Disability benefit to less than the Minimum Benefit shown in the section entitled BENEFITS AT A GLANCE, or by:

- military or government pension;
- another employer's retirement plan before Your date of Disability;
- group credit insurance;
- mortgage disability insurance benefits;
- veteran's benefits; or
- individual disability income insurance policies.
- vacation or sick pay

DISABILITY INCOME COVERAGE: DATE BENEFIT PAYMENTS END

Your Disability benefit payments will end on the earliest of:

- the end of the Maximum Benefit Period;
- the date You are no longer Disabled;
- the date You die;
- the date You fail to have a medical exam requested by the Claim Administrator as described in the Physical Exams subsection of the GENERAL PROVISIONS section;
- the date You are no longer under the care of a licensed Physician;
- the date You start regular work at a reasonable occupation as determined by Your Claim Administrator;
- the date a required independent medical exam report fails to confirm Your Disability;
- the date Your refuse to follow Your treatment plan;
- the date You refuse an accommodation by Your Employer that would allow You to return to work; or
- the date You fail to provide required Proof of continuing Disability.

While You are Disabled, the benefits described in this Benefit Booklet will not be affected if:

- Your coverage ends; or
- This Plan is amended to change the plan of benefits for Your class.

DISABILITY INCOME COVERAGE: LIMITED DISABILITY BENEFITS

For Occupational Disabilities

This Plan will not pay benefits for any Disability:

- which happens in the course of any work performed by You for wage or profit; or
- for which You are eligible to receive under workers' compensation or a similar law.

DISABILITY INCOME COVERAGE: EXCLUSIONS

This Plan will not pay for any Disability caused or contributed to by:

1. war, whether declared or undeclared, or act of war;
2. events that occur while You are incarcerated;
3. intentionally self-inflicted injury;
4. Your being engaged in an illegal occupation; or
5. commission of or attempt to commit or taking part in a felony.
6. If you are receiving or are eligible for benefits for a disability under a prior disability plan that:
   - was sponsored by your employer; and
   - was terminated before the effective date of the current policy that funds your LTD benefits.

This Plan will not pay Short Term Benefits for any Disability caused or contributed to by elective treatment or procedures, such as:

1. cosmetic surgery or treatment primarily to change appearance;
2. reversal of sterilization;
3. liposuction;
4. visual correction surgery; and
5. in vitro fertilization; embryo transfer procedure; or artificial insemination.

However, pregnancies and complications from any of these procedures will be treated as a Sickness.

GENERAL PROVISIONS

Disability Income Benefit Payments: Who This Plan Will Pay

This Plan will make any benefit payments during Your lifetime to You or Your legal representative. Any payment made in good faith will discharge This Plan from liability to the extent of such payment.

Upon Your death, This Plan will pay any amount that is or becomes due to Your designated Beneficiary. If there is no Beneficiary designated or no surviving Beneficiary at Your death, This Plan will pay any benefit that is or becomes due, according to the following order:

1. Your Spouse or Domestic Partner, if alive;
2. Your unmarried child(ren) under age 25; if there is no surviving Spouse or Domestic Partner; or
3. Your estate, if there is no such surviving child.

If more than one person is eligible to receive payment, This Plan will divide the benefit amount in equal shares.

Payment to a minor or incompetent will be made to such person's guardian. The term "children" or "child" includes natural and adopted children.

Any periodic payments owed to Your estate may be paid in a single sum. Any payment made in good faith will discharge This Plan from liability to the extent of such payment.

Misstatement of Age

If Your age is misstated, the correct age will be used to determine if coverage is in effect and, as appropriate, This Plan will adjust the benefits and/or contributions.

Conformity with Law

If the terms and provisions of this Benefit Booklet do not conform to any applicable law, this Benefit Booklet shall be interpreted to so conform.

Physical Exams

If a claim is submitted for coverage benefits, the Claim Administrator has the right to ask the covered person to be examined by a Physician(s) of the Claim Administrator's choice as often as is reasonably necessary to process the claim. This Plan will pay the cost of such exam.

Autopsy

The Claim Administrator has the right to make a reasonable request for an autopsy where permitted by law. Any such request will set forth the reasons the Claim Administrator is requesting the autopsy.

Overpayments for Disability Income Coverage

Recovery of Overpayments

This Plan has the right to recover any amount that the Claim Administrator determines to be an overpayment.

An overpayment occurs if the Claim Administrator determines that:

- the total amount paid by This Plan has on Your claim is more than the total of the benefits due to You under this Benefit Booklet; or
- payment This Plan made should have been made by another group plan.

If such overpayment occurs, You have an obligation to reimburse This Plan. This Plan's rights and Your obligations in this regard are described in the reimbursement agreement that You are required to sign when You submit a claim for benefits under this Benefit Booklet. This agreement:

- confirms that You will reimburse This Plan for all overpayments; and
- authorizes the Claim Administrator to obtain any information relating to sources of Other Income.

How This Plan Recovers Overpayments

This Plan may recover the overpayment from You by:

- stopping or reducing any future Disability benefits, including the Minimum Benefit, payable to You or any other payee under the Disability sections of this Benefit Booklet;
- demanding an immediate refund of the overpayment from You; and
- taking legal action.

If the overpayment results from This Plan having made a payment to You that should have been made under another group plan, This Plan may recover such overpayment from one or more of the following:

- any other insurance company;
- any other organization; or
- any person to or for whom payment was made.

Lien and Repayment

If You become Disabled and You receive Disability benefits under this Benefit Booklet and You receive payment from a third party for loss of income with respect to the same loss of income for which You received benefits under this Benefit Booklet (for example, a judgment, settlement, payment from Federal Social Security or payment pursuant to Workers' Compensation laws), You shall reimburse This Plan from the proceeds of such payment up to an amount equal to the benefits paid to You under this Benefit Booklet for such Disability. Benefit Booklet's right to receive reimbursement from any such proceeds shall be a claim or lien against such proceeds and This Plan's right shall provide This Plan with a first priority claim or lien over any such proceeds up to the full amount of the benefits paid to You under this Benefit Booklet for such Disability. You agree to take all action necessary to enable This Plan to exercise This Plan rights under this provision, including, without limitation:

- notifying The Claim Administrator as soon as possible of any payment You receive or are entitled to receive from a third party for loss of income with respect to the same loss of income for which You received benefits under this Benefit Booklet;
- furnishing of documents and other information as requested by the Claim Administrator or any person working on the Claim Administrator's behalf; and
- holding in escrow, or causing Your legal representative to hold in escrow, any proceeds paid to You or any party by a third party for loss of income with respect to the same loss of income for which You received benefits under this Benefit Booklet, up to an amount equal to the benefits paid to You under this Benefit Booklet for such Disability, to be paid immediately to This Plan upon Your receipt of said proceeds.

You shall cooperate and You shall cause Your legal representative to cooperate with This Plan in any recovery efforts and This Plan shall not interfere with Our rights under this provision. This Plan's rights under this provision apply whether or not You have been or will be fully compensated by a third party for any Disability for which You received or are entitled to receive benefits under this Benefit Booklet.

ADMINISTRATIVE DETAILS ABOUT THIS PLAN

THIS BENEFIT BOOKLET IS EXPRESSLY MADE PART OF THE DISABILITY COVERAGE UNDER THE EDWARD D. JONES & CO., L.P. EMPLOYEE HEALTH & WELFARE PROGRAM (THE "PLAN") AND IS LEGALLY ENFORCEABLE AS PART OF THE PLAN WITH RESPECT TO ITS TERMS AND CONDITIONS. IN THE EVENT THERE IS NO OTHER PLAN DOCUMENT, THIS DOCUMENT SHALL SERVE AS A PLAN DESCRIPTION AND SHALL ALSO CONSTITUTE THE PLAN.

NAME AND ADDRESS OF EMPLOYER AND PLAN ADMINISTRATOR

Employer: Edward D. Jones & Co., L.P.
12555 Manchester Road
Saint Louis, MO 63131

Plan Administrator: Benefits Administrative Committee
Edward D. Jones & Co., L.P.
12555 Manchester Rd.
St. Louis, MO 63131
HR_Benefits@edwardjones.com
(314) 515-2000

EMPLOYER IDENTIFICATION NUMBER: 43-0345811

PLAN NUMBER	COVERAGE	PLAN NAME
501	Disability Income Coverage: Short Term Benefits	Edward D. Jones & Co., L.P. Employee Health & Welfare Program

TYPE OF PLAN

This is a self-funded Disability Income Coverage: Short Term Benefits Plan provided by the Employer. Metropolitan Life Insurance Company ("MetLife") does not insure any of the benefits described in the Benefit Booklet.

CLAIM ADMINISTRATOR FOR BENEFITS:

MetLife

TYPE OF ADMINISTRATION:

MetLife is the Claim Administrator pursuant to the terms of an administrative service agreement and has been given authority under This Plan to conduct a full and fair review of any claims on behalf of This Plan.

AGENT FOR SERVICE OF LEGAL PROCESS

For disputes arising under This Plan, service of legal process may be made upon the Assistant General Counsel at the above address.

ELIGIBILITY FOR COVERAGE; DESCRIPTION OR SUMMARY OF BENEFITS

This Benefit Booklet describes the eligibility requirements for coverage. It also includes a detailed description of the coverage.

PLAN TERMINATION OR CHANGES

This Plan sets forth those situations in which the Employer has the rights to end This Plan.

The Employer reserves the right to change or terminate This Plan at any time. Therefore, there is no guarantee that You will be eligible for the coverage described herein for the duration of Your employment. Any such action will be taken only after careful consideration.

Your consent or the consent of Your beneficiary is not required to terminate, modify, amend, or change This Plan.

In the event Your coverage ends in accordance with the DATE YOUR COVERAGE ENDS subsection of Your Benefit Booklet, You may still be eligible to receive benefits. The circumstances under which benefits are available are described in this Benefit Booklet.

PLAN YEAR

This Plan's fiscal records are kept on a Plan year basis beginning each January 1st and ending on the following December 31st.

CLAIMS INFORMATION

Disability Benefits Claims

Routine Questions

If there is any question about a claim payment, an explanation may be requested from the Employer who is usually able to provide the necessary information.

Claim Submission

For claims for disability benefits, the claimant must report the claim to the Claim Administrator and, if requested, complete the appropriate claim form. The claimant must also submit the required proof as described below.

When a claimant files an initial claim for Short Term Disability coverage described in this Benefit Booklet, both the notice of claim and the required Proof should be sent to the Claim Administrator within 18 days of the end of the Elimination Period.

Notice of Claim and Proof may also be given to the Claim Administrator by following the steps set forth below:

Step 1
A claimant should give the Claim Administrator notice by calling 1-800-300-4296. The Claim Administrator will send an authorization form to the Claimant. The Claimant should sign the authorization form at their earliest opportunity and return it to the Claim Administrator.

Step 2
The Claim Administrator will contact the claimant and/or the claimant’s Physician to discuss medical information. The Claim Administrator may also contact your Employer to discuss your specific job duties in detail.

Step 3
The Proof must be submitted to the Claim Administrator not later than 18 days after the end of the Elimination Period.

If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible.

Items to be Submitted for a Short Term Disability Claim

When submitting Proof on an initial or continuing claim for Disability Income coverage, the following items may be required:

- documentation which must include, but is not limited to, the following information:
    - the date Your Disability started;
    - the cause of Your Disability;
    - the prognosis of Your Disability;
    - the continuity of Your Disability; and
    - your application for:
        - Other Income;
        - Social Security disability benefits; and
        - Workers compensation benefits or benefits under a similar law.
- Written authorization for the Claim Administrator to obtain and release medical, employment and financial information and any other items the Claim Administrator may reasonably require to document Your Disability or to determine Your receipt of or eligibility for Other Income;
- any and all medical information, including but not limited to:
    - x-ray films; and
    - photocopies of medical records, including:
        - histories,
        - physical, mental or diagnostic examinations; and
        - treatment notes; and
- the names and addresses of all:
    - physicians and medical practitioners who have provided You with diagnosis, treatment or consultation;
    - hospitals or other medical facilities which have provided You with diagnosis, treatment or consultation; and
    - pharmacies which have filled Your prescriptions within the past three years.

Initial Determination

After You submit a claim for disability benefits to the Claim Administrator, the Claim Administrator will review Your claim and notify You of its decision to approve or deny Your claim.

Such notification will be provided to You within a reasonable period, not to exceed 18 days from the date You submitted Your claim; except for situations requiring an extension of time because of matters beyond the control of This Plan, in which case the Claim Administrator may have up to two (2) additional extensions of 30 days each to provide You such notification. If the Claim Administrator needs an extension, it will notify You prior to the expiration of the initial 18 day period (or prior to the expiration of the first 30 day extension period if a second 30 day extension period is needed), state the reason why the extension is needed, and state when it will make its determination. If an extension is needed because You did not provide sufficient information or filed an incomplete claim, the time from the date of the Claim Administrator's notice requesting further information and an extension until the Claim Administrator receives the requested information does not count toward the time period the Claim Administrator is allowed to notify You as to its claim decision. You will have 18 days to provide the requested information from the date You receive the extension notice requesting further information from the Claim Administrator.

If the Claim Administrator denies Your claim in whole or in part, the notification of the claims decision will state the reason why Your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because the Claim Administrator did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed.

GENERAL PROVISIONS (continued)

Appealing the Initial Determination

If the Claim Administrator denies Your claim, You may appeal the decision. Upon Your written request, the Claim Administrator will provide You free of charge with copies of documents, records and other information relevant to Your claim. You must submit Your appeal to the Claim Administrator at the address indicated below, within 180 days of receiving the Claim Administrator's decision.

To file an appeal, submit a written request and supporting documentation within **180 days** of the date of the decision letter. Fax the information to 1-844-380-0569, email to DisabilityAppeals@metlife.com or mail it to:

MetLife Disability Appeals Department
P.O. Box 14592
Lexington, KY 40512-4592

Appeals must be in writing and must include at least the following information:

- Name of Associate
- Name of This Plan
- Reference to the initial decision
- An explanation why You are appealing the initial determination

As part of Your appeal, You may submit any written comments, documents, records, or other information relating to Your claim.

After the Claim Administrator receives Your written request appealing the initial determination, the Claim Administrator will conduct a full and fair review of Your claim. Deference will not be given to the initial denial, and the Claim Administrator's review will look at the claim anew. The review on appeal will take into account all comments, documents, records, and other information that You submit relating to Your claim without regard to whether such information was submitted or considered in the initial determination. The person who will review Your appeal will not be the same person as the person who made the initial decision to deny Your claim. In addition, the person who is reviewing the appeal will not be a subordinate of the person who made the initial decision to deny Your claim. If the initial denial is based in whole or in part on a medical judgment, the Claim Administrator will consult with a health care professional with appropriate training and experience in the field of medicine involved in the medical judgment. This health care professional will not have consulted on the initial determination, and will not be a subordinate of any person who was consulted on the initial determination.

The Claim Administrator will notify You in writing of its final decision within a reasonable period of time, but no later than 45 days after the Claim Administrator's receipt of Your written request for review, except that under special circumstances the Claim Administrator may have up to an additional 45 days to provide written notification of the final decision. If such an extension is required, the Claim Administrator will notify You prior to the expiration of the initial 45 day period, state the reason(s) why such an extension is needed, and state when it will make its determination. If an extension is needed because You did not provide sufficient information, the time period from the Claim Administrator's notice to You of the need for an extension to when the Claim Administrator receives the requested information does not count toward the time the Claim Administrator is allowed to notify You of its final decision. You will have 45 days to provide the requested information from the date You receive the notice from the Claim Administrator.

If the Claim Administrator denies the claim on appeal, the Claim Administrator will send You a final written decision that states the reason(s) why the claim You appealed is being denied and references any specific Plan provision(s) on which the denial is based. Upon written request, the Claim Administrator will provide You free of charge with copies of documents, records and other information relevant to Your claim.

Second Level Appeal Post Initial Denial

What Happens Next

You have the right to a voluntary second appeal of our decision. To file an appeal, submit a written request and supporting documentation within **60 days** of the date of the secondary letter. Fax the information to 1-844-380-0569, email to DisabilityAppeals@metlife.com or mail it to:

MetLife Disability Appeals Department
P.O. Box 14592
Lexington, KY 40512-4592

Your appeal should include your name, Edward Jones' name and your case number noted above. You should describe the issue, state the reason for your appeal, and include any additional medical information that you would like to have considered, such as:

- A detailed narrative report from your physician, outlining in objective terms the specific physical and/or mental limitations and restrictions relating to your ability to perform your job functions;
- Descriptions of your current course of treatment, frequency of visits, and specific medications prescribed;
- Copies of diagnostic studies, such as test results, X-rays, laboratory data, and clinical findings;
- Any documents or information specific to the condition(s) for which you are claiming disability.

Ordinarily, you will receive notification of the final determination within 45 days after we receive your request. If special circumstances require more time for the decision, we will notify you no later than 90 days after your appeal is received.

Discretionary Authority of Plan Administrator and Other Plan Fiduciaries

In carrying out their respective responsibilities under This Plan, the Plan Administrator, the Claim Administrator and other Plan fiduciaries shall have discretionary authority to interpret the terms of This Plan and to determine eligibility for and entitlement to Plan benefits in accordance with the terms of This Plan. Any interpretation or determination made pursuant to such discretionary authority shall be given full force and effect, unless it can be shown that the interpretation or determination was arbitrary and capricious.

STATEMENT OF ERISA RIGHTS

The following statement is required by federal law and regulation.

As a participant in This Plan, You are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all participants shall be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the Plan Administrator's office and at other specified locations, all Plan documents, a copy of the latest annual report (Form 5500 Series) filed by This Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of This Plan, and copies of the latest annual report (Form 5500 Series) and updated Benefit Booklets. The Administrator may make a reasonable charge for the copies.

Receive a summary of This Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the associate benefit plan. The people who operate Your Plan, called "fiduciaries" of This Plan, have a duty to do so prudently and in the interest of You and other Plan participants and beneficiaries.

No one, including Your employer or any other person, may fire You or otherwise discriminate against You in any way to prevent You from obtaining a welfare benefit or exercising Your rights under ERISA.

Enforce Your Rights

If Your claim for a welfare benefit is denied or ignored in whole or in part, You have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps You can take to enforce the above rights. For instance, if You request a copy of Plan documents or the latest annual report and do not receive them within 30 days, You may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay You up to $110 a day until You receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If You have a claim for benefits which is denied or ignored, in whole or in part, You may file suit in a state or Federal court.

If it should happen that Plan fiduciaries misuse This Plan's money, or if You are discriminated against for asserting Your rights, You may seek assistance from the U.S. Department of Labor, or You may file suit in a Federal court.

The court will decide who should pay court costs and legal fees. If You are successful, the court may order the person You have sued to pay these costs and fees.

If You lose, the court may order You to pay these costs and fees; for example, if it finds Your claim is frivolous.

Assistance with Your Questions

If You have any questions about Your Plan, You should contact the Plan Administrator. If You have any questions about this statement or about Your rights under ERISA, or if You need assistance in obtaining documents from the Plan Administrator, You should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in Your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about Your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

FUTURE OF THE PLAN

It is hoped that This Plan will be continued indefinitely, but Edward D. Jones & Co., L.P. reserves the right to change or terminate This Plan in the future. Any such action would be taken only after careful consideration.

The Board of Directors of Edward D. Jones & Co., L.P. shall be empowered to amend or terminate This Plan or any benefit under This Plan at any time.