

Summary Plan Description Eligibility and Electing Benefits -2023

Eligibility and Electing Benefits

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This section of the Summary Plan Description ("SPD") describes important information about eligibility for benefits offered through the Edward D. Jones & Co. Employee Health & Welfare Program (the "Plan").

This SPD is effective January 1, 2023. This SPD, and other various other documents (such as relevant Plan documents, insurance policies, certificates of coverage, and other benefit summaries) currently in effect taken together are the "Plan documents". Your rights are governed by the terms of the Plan documents. Any questions concerning the Plan shall be determined in accordance with the terms of the relevant Plan documents.

The Plan Administrator retains the authority to resolve any conflict or inconsistency between the SPD and any other Plan document. No person, other than the Plan Administrator or their authorized delegate, has the authority to make any representation which contradicts the Plan documents.

Eligibility

Edward Jones Full Time Associates (Non-Medical Benefits)

You are eligible to participate in all non-medical benefits (additional requirements for life insurance and special rules for medical benefits are described below), offered through the Plan if you are:

- an employee of Edward D. Jones & Co., L.P., Edward Jones Trust Company, or an affiliate of Edward D. Jones & Co., L.P. or you are a general or limited partner of The Jones Financial Companies, L.L.L.P., (collectively referred to as Edward Jones associates);
- classified as full-time, work at least 35 hours per week; and
- one of the following type of employees:
 - Home Office Associates (HOA) or Branch Office Associates (BOA), which includes Transitional Representatives (TR), Assistant Financial Advisors and Financial Advisor Career Development (FACD) Associates,
 - General Partners (GP), which includes subordinated limited partners,
 - Service Partners* (SP), or
 - Financial Advisors (FA), which includes selling general partners, financial advisor interns and trainees.

In addition, any full-time associate living and temporarily working full-time for Edward Jones or its affiliates outside the U.S. is also eligible to participate in the Plan, so long as they remain on the U.S. payroll.

*For purposes of the Plan and the Plan documents, the term Service Partner includes individuals who are both Service Partners of the Jones Financial Companies, L.L.L.P. and Joint Venture Financial Advisors within the meaning of the Partnership Agreement.

Life Insurance

All full-time active associates who work at least 35 hours per week or are classified as full-time by Edward Jones are eligible for life insurance coverage if they are citizens or legal residents of the United States working in the United States, its territories or protectorates, or expatriates and third-country nationals; excluding:

1. temporary, leased or seasonal associates; and

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2. any associate living or working in a country:
 - a. subject to a sanctions program administered by the United States Treasury Office of Foreign Asset Control; or
 - b. not meeting our underwriting criteria.

Special Rules for Medical Benefits

You will be considered eligible for the Plan's medical coverage if you are an associate of Edward Jones and you worked, on average, at least 30 Hours of Service (defined below) per week over the course of a measurement period that takes place before the plan year begins. This measurement period is known officially as the *Standard Measurement Period*; you may also hear it described informally as the "look-back" method. Associates who meet the "Rule of 70" may be eligible for medical coverage under the Long Service Plan. The Long Service Plan is described in the "Leaving the Plan" section of the SPD.

Standard Measurement Period

Edward Jones will calculate the hours you worked during this measurement period to determine whether you will be considered full-time and eligible for medical benefits coverage during the next plan year. Alternatively, if you are a relatively recent hire, your status as an eligible associate will be based on the rules for "New Associate," as described in greater detail below.

For purposes of this analysis, an "Hour of Service" means an hour for which you are paid, or entitled to payment, for the performance of duties for the firm. An "Hour of Service" also includes an hour for which you are paid or entitled to payment by the Company for a period of time during which no duties are performed due to vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty or leave of absence.

Before reviewing the eligibility rules below, consult the following chart to determine which method will be used to determine your eligibility for medical benefits:

Hire Date	Eligibility Rules
Before October 11, 2021	Standard Measurement Period for 2023 and beyond
On or after October 11, 2021, but before October 9, 2022	<ul style="list-style-type: none"> • "New Associate" method for 2023 • Standard Measurement Period for 2024 and beyond
On or after October 11, 2022	<ul style="list-style-type: none"> • "New Associate" method for 2024 • Standard Measurement Period for 2025 and beyond

To determine whether you are eligible for medical benefits in 2023, Edward Jones will measure your Hours of Service worked from October 11, 2021, through October 9, 2022 (the *Standard Measurement Period*). In addition, any unpaid FMLA, USERRA, and/or jury duty leaves will not count against you. Edward Jones will consider you to have been at work during these three special types of leave.

Standard Stability Period

If you averaged at least 30 Hours of Service per week during the *Standard Measurement Period*, you will be eligible to participate in the Plan's medical benefits for a "**Standard Stability Period**." Your Standard Stability Period means the 2023 Plan year. You will be eligible for medical benefits for the entire Standard Stability Period (i.e., the entire 2023 Plan year), even if your hours or wages decrease during the Standard Stability Period, so long as you remain an associate and continue to make any required contributions toward your coverage.

If you have not been with Edward Jones for the full duration of this Standard Measurement Period, you are considered a "New Associate." See below for information about the special eligibility rules for "New Associates."

Periods with No Hours of Service

If you experience a period of 13 consecutive weeks (or longer) without working an Hour of Service – either because you terminate employment or because you are absent for some other reason – you will have a "break in service." This means that you will be treated as a New Associate to the extent permitted by law. There are special eligibility rules for New Associate, which are explained below.

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In most cases, you will not work an Hour of Service during an unpaid leave of absence. However, if your time away from work is paid leave, you will be considered to have worked an "Hour of Service" for each paid hour.

New Associate Method

You are considered a "New Associate" for purposes of eligibility for the Plan's medical coverage benefits if you did not work for the entire *Standard Measurement Period* before the 2023 Plan year. When you are hired as a New Associate, Edward Jones will classify you as either New Full-Time, Variable Hour, Part-time, or Seasonal for purposes of eligibility for the Plan's medical coverage benefits.

- **New Full-Time:** If Edward Jones reasonably expects you to work at least 30 hours per week on average, you will be classified as New Full-Time, and you will be eligible for medical benefits as of the first of the month following 30 days after your date of hire. Your status as an eligible full-time associate will be determined based on whether you are expected to work 30 or more hours per month during a particular month. Once you have worked a full 12-month Standard Measurement Period, your eligibility for the following Plan year will be measured using the look-back periods described above.
- **New Variable Hour/Part-time/Seasonal Associate:** If Edward Jones classifies you as a New Variable Hour Associate, a New Part-time Associate, or a New Seasonal Associate, you will not be offered medical coverage immediately. Instead, your hours will be tracked over an Initial Measurement Period to determine whether you average over 30 hours of service a week during that period. Your Initial Measurement Period will begin on your date of hire and will end twelve months later.
 - If you average **at least 30 Hours of Service** per week during the Initial Measurement Period, you will be notified that you are eligible for coverage for a period of time following the Initial Measurement Period called the "Initial Stability Period." You will be given an opportunity to elect medical coverage at that time. If elected, your medical coverage will begin no later than the first of the month following 13 full calendar months after your date of hire.
 - If you average less than 30 Hours of Service during the Initial Measurement Period, you will not be eligible for medical coverage during the Initial Stability Period.

If you are hired as a New Variable Hour, Seasonal, or Part-time Associates, but during the Initial Measurement Period you are moved to a Full-Time job classification, you will be eligible for coverage on the first day of the month following one month after the job classification change. If you would be eligible sooner during an Initial Stability Period, you will be eligible on the first day of the Initial Stability Period. The determination of whether you are a New Variable Hour, Seasonal, or Part-Time Associate will be made in accordance with the rules established by the Internal Revenue Service.

Compliance with Hawaii Law

In compliance with Hawaii state law, associates in Hawaii who work 20 hours or more per week for four consecutive weeks shall be offered medical coverage, regardless of whether or not they satisfy the look-back method described above. The cost and type of coverage shall comply with the requirements of the Hawaii Prepaid Health Care Act.

Dependents

You may be able to enroll your eligible dependents in some of the plans provided under the Edward D. Jones & Co. Employee Health & Welfare Program. Examples of eligible dependents include:

- your legal spouse (i.e., an individual of the same- or opposite-sex as you and who may be claimed as your spouse for federal income tax purposes);
- your Edward Jones-recognized domestic partner;
- your natural children;
- your stepchildren who live with you and/or your spouse in a legal parent-child relationship;
- your adopted children, or an individual who is lawfully placed with you either for legal adoption or for foster care by an authorized placement agency or court order;
- a child for whom you have legal custody or guardianship, who depends on you for support and who you can claim as an exemption on your Federal income tax return.
- the natural children of your domestic partner, stepchildren of your domestic partner living with your domestic partner in a legal parent-child relationship, a child who is lawfully placed with your domestic partner either for legal adoption or for foster care by an authorized placement agency or court order, or any other children for whom your domestic partner has legal custody or guardianship, who depend on your domestic partner for support and who can be claimed as exemptions on his or her federal income tax return.

Your spouse must be under age 70 to enroll for Family AD&D coverage.

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Common-law spouses are not eligible for coverage as “spouses.” However, common-law spouses may be eligible if they become an Edward Jones-registered domestic partner.

Note: You cannot be covered as both an associate and a dependent. If you qualify as both, you can only be covered as an associate. If both parents work for Edward Jones, only one parent can cover the children.

Dependent Child(ren) means:

1. Your unmarried children, stepchildren, legally adopted children, children in the process of adoption; or
2. any other children related to you by blood or marriage who:
 - a. live with you in a regular parent-child relationship; and
 - b. you claimed as a dependent on your last filed federal income tax return; provided such children are primarily dependent upon you for financial support and maintenance and are:
 - i. from live birth to age 19 years;
 - ii. over age 19, but under age 23, and in full-time attendance (at least 12 course credit hours per semester) at an accredited institution of learning. If the institution establishes full-time status in any other manner, we reserve the right to determine whether the student continues to qualify as a Dependent Child; or
 - iii. age 19 or older and disabled. Such children must have become disabled before attaining age 19. You must submit satisfactory proof of such children’s disability.

Eligibility Rules for Certain Individuals and Plans

There are different eligibility rules for certain individuals and plans of the Edward D. Jones & Co. Employee Health & Welfare Program. Those rules are described below.

Medical Plan – Eligible Children

For the Medical Plan *only*, eligible children include:

- your natural children
- stepchildren
- your adopted children, or a child who is lawfully placed with you either for legal adoption, legal custody or guardianship, or foster care by an authorized placement agency or court order
- the natural children of your domestic partner
- stepchildren of your domestic partner
- adopted children of your domestic partner, or a child who is lawfully placed with your domestic partner either for legal adoption, legal custody or guardianship, or foster care by an authorized placement agency or court order, or any other children for whom your domestic partner has legal custody or guardianship

The spouse and/or children of your child are not eligible to be enrolled in the Medical Plan unless specified otherwise in this SPD.

Eligible children do not have to be a student, live with you, be dependent upon you for financial support, or be unmarried in order to be covered under the Medical Plan. Eligible children can be covered under the Medical Plan until the end of the pay period that includes the last day of the month during which the child turns age 26.

Other Benefits – Eligible Children

For plans provided under the Edward D. Jones & Co. Employee Health & Welfare Program **except** the Medical Plan and Health Care Flexible Spending Accounts (FSAs), eligible children include unmarried children until they reach age 19. An eligible child may continue to be covered until they reach age 23, provided they are a full-time student (minimum of 12 hours per semester, or final semester prior to attaining a degree). You will certify your child’s student status as you enroll in benefits. It is your responsibility to notify the Edward Jones Benefits Department if your child(ren) over the age of 19 is no longer a full-time student. When a child’s status changes, coverage will end on the last day of the pay period for which you are responsible for paying the dependent coverage cost.

Your child must live with you for more than half of the year to be considered an eligible dependent. Exceptions apply, in certain cases, including children of divorced or separated parents or temporary absences. Full-time students are presumed to live with you, even if they are attending school away from home. Your child must also not provide more than one-half of his/her own support for the year.

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Eligible Incapacitated Children

If your unmarried child is above the age limits, he or she may be added to the plan, or you may continue coverage if he or she:

- is unable to support himself or herself due to developmental disability or a physical incapacity as outlined by our provider, and
- depends on you for support and maintenance or depends on other care providers for lifetime care and supervision.

Evidence of Incapacitation

For dental and vision coverage, you must provide proof of your child's incapacity to the Edward Jones Benefits Department within 31 days after your child reaches age 19 (or age 22 if your child is a full-time student). For medical coverage, you must provide proof of your child's incapacity to the Edward Jones Benefits Department within 31 days after he or she reaches age 26. The claims administrator may ask for proof of incapacity and dependency at any reasonable time. Proof must be provided within 60 days, or coverage may be terminated as of the date the plan requests proof.

Health Care FSAs (also known as Health Care Reimbursement Accounts)

Under the Health Care Flexible Savings Account (Health Care FSA) (also referred to as "Health Care Reimbursement Account" or "HCRA"), expenses may be reimbursed for you, your spouse, and your dependents if your dependent is a *qualifying child* or a *qualifying relative*, as defined below.

A *qualifying child* includes:

- your child, stepchild, adopted child (or a child placed with you for adoption), or foster child, who is under the age of 27 at the end of the year; or
- your grandchild, brother or sister, stepbrother, or stepsister (or a child or grandchild of one of these relatives), who is:
 - under the age of 19 at the end of the year, or
 - 19 or older but under age 23, if also a full-time student, or
 - permanently or totally disabled at any time during the year, and
 - resides with you for more than half of the year, and
 - who doesn't provide more than half of his or her own support.

If an individual is claimed as a *qualifying child* by two or more taxpayers for a taxable year, the individual is treated as the *qualifying child* of the taxpayer who is a parent of the individual. If neither taxpayer is a parent, the taxpayer with the highest adjusted gross income for the year may treat the individual as a *qualifying child*. Special rules apply if a child receives over half of his or her support during the year from his or her parents who are divorced or separated or who lived apart during the last six months of the calendar year.

A *qualifying relative* includes an individual who is not the *qualifying child* of someone else for whom you provide more than half of his or her support and who is your:

- child, stepchild, adopted child (or a child placed with you for adoption), foster child or grandchild,
- brother, sister, stepbrother, or stepsister,
- parent, grandparent, or stepparent,
- niece or nephew,
- uncle or aunt,
- in-law (son, daughter, father, mother, brother, or sister) or
- an individual (other than your spouse) who lives with you and is a member of your household.

Special rules apply to multiple support arrangements.

Once your dependent (other than your spouse) is enrolled in a plan, you must notify Edward Jones if the dependent is not your *qualifying child* or *qualifying relative*, or in the case of the Medical Plan, if your child does not meet the criteria listed in below in the *Taxability of Coverage and Benefits* section.

These definitions apply only for purposes of determining whether the cost of coverage for a dependent is taxable or nontaxable. In order for a dependent to be eligible for coverage under a particular plan, he or she must satisfy the

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applicable definition in the particular plan. Consult your personal tax advisor for more information about your family's specific situation.

Dependent Care FSAs

If you are a working single parent, or if you are married and you and your spouse work, or your lawful spouse attends school full-time or is incapable of self-care, you can use the Dependent Day Care FSA for eligible day care expenses.

This account can only be used for dependent care expenses when your dependent meets the following conditions:

- a *qualifying child* (defined above), under age 13 or
- your spouse, a *qualifying child* over the age of 13, or a *qualifying relative* (defined above) (who, if not related to you, must also be a member of your household), he or she must also:
 - be physically or mentally incapable of caring for himself or herself;
 - spend at least eight hours a day in your home; and
 - require full-time attention.

Note: The above explanation is an attempt to summarize who may be considered your dependent, but your individual tax situation will control.

Qualified Medical Child Support Order (QMCSO) Eligibility

Your child may receive coverage under the Plan if a qualified medical child support order (QMCSO) has been issued. A QMCSO is a court order that gives your child the right to be covered under the Medical, Dental, and/or Vision Plans. A typical reason courts issue a QMCSO is to protect benefit coverage for children in cases of divorce. You can obtain a copy of the Plan's procedures governing QMCSO determinations, at no charge, by contacting the Edward Jones Benefits Department. You will be notified if the firm receives a QMCSO that affects you. If you are not enrolled in the applicable plan, you may be required to do so if a QMCSO orders coverage for your child. Coverage will end once the order is no longer in effect or when coverage under the plan would otherwise end.

Enrollment

Standard Benefits

The following *Standard Benefits* are automatically provided to eligible full-time associates and cannot be waived:

- Basic Life Insurance
- Financial Advisor Survivor Life Insurance (if the FA meets the eligibility requirements)
- Basic Accidental Death & Dismemberment (AD&D) Insurance
- Short Term Disability (STD)*
- Long Term Disability (LTD)**
- Employee Assistance Program (EAP)

* FAs are eligible for income continuation benefits instead of STD (see the *Disability Benefits* section).

** LTD is an employer paid benefit for all employees, with the exception of FAs. FAs have employer paid LTD for the first year, and then LTD is an optional benefit after one year of service and is optional for all SPs and GPs (see the *Disability Benefits* section).

Optional Benefits

The following *Optional Benefits* are available to eligible full-time associates only if you elect them:

- Medical Coverage, including the Wellness Program
- Health Savings Accounts
- Dental Coverage
- Vision Coverage
- Supplemental Life Insurance
- Dependent Life Insurance
- Supplemental AD&D Insurance
- Family AD&D Plan
- Flexible Spending Accounts (including Health Care and Dependent Day Care FSAs)***

*** Flexible Spending Accounts are not available to SPs and GPs (see the *Health Savings Accounts* and *Flexible Spending Accounts* section for more information).

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The following *Optional Benefits* are available to eligible part-time associates only if you elect them:

- Medical Coverage, including the Wellness Program (assuming the associate satisfies the eligibility rules described above.)
- Health Savings Account
- Flexible Spending Accounts (Health Care FSA only)
- Employee Assistance Plan (EAP)

Remember: For purposes of the Medical Plan, you must satisfy the eligibility rules described above to be considered “full-time” and eligible for coverage.

When to Enroll

Medical Plan, Dental Plan, Vision Plan, or Flexible Spending Accounts

If you or your dependents want coverage from any of the above-stated plans, you must enroll within 31 calendar days of the date you first become eligible to enroll. For more information about eligibility, see the *Eligibility* section provided above.

If you do not enroll within 31 calendar days, you will not be eligible to enroll for Medical, Dental, Vision, or Flexible Spending Accounts until the next open enrollment period, unless you have a qualifying status change, as defined in the *Changing Benefit Coverage* section. If you do have a qualifying status change after open enrollment, in most cases you must request the change within 31 calendar days of the event (see the *Qualifying Status Change* section for more information).

LTD, Dependent and Supplemental Life Insurance, Supplemental AD&D, and Family AD&D Insurance Plans

If you don't enroll within the required 31 calendar day enrollment period, you may apply for coverage at any time, unless provided otherwise, in the following after-tax optional benefits:

- Long Term Disability (LTD) (applies only to FAs, SPs, and GPs)
- Dependent and Supplemental Life Insurance
- Supplemental Accidental Death & Dismemberment (AD&D)
- Family AD&D

For the insurance plans, the application process may require you and your spouse/domestic partner to provide evidence of insurability, and your application is subject to approval by the insurance company.

Re-enrollment

For most benefit programs, you do not need to re-enroll each year during open enrollment unless you want to change the benefit coverage provided to you during the prior year. However, you are required to re-enroll in the Health Savings Account and the Flexible Spending Accounts every year if you want to contribute.

How to Enroll

Enrollment is completed via an online process or a paper process if you do not have access to the online system. During your initial and annual open enrollment period you will receive notification from the Edward Jones Benefits Department that the online system is open. If you have a mid-year change to make to your enrollment due to a life event, you must request the change from the Edward Jones Benefits Department within the 31 calendar days following the event date.

Waiving Coverage

BOAs and Home Office Associates may not waive (decline) firm-provided benefits including Basic Life Insurance, Basic AD&D insurance, and Long-Term Disability insurance. Financial Advisors may not waive firm-provided Basic Life Insurance, Basic AD&D insurance or Long-Term Disability (LTD) insurance (applies only to new FAs with less than one year of service). FAs may waive LTD after one year of service and may waive the FA Survivor Benefit program. If you voluntarily waive (decline) the FA Survivor Benefit program, you may not request enrollment in the program at a later date.

Changing Benefit Coverage

If you want to change your coverage, you may do so during the annual open enrollment period or following one of the special events listed below.

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If you decline enrollment for yourself or your dependents (including your spouse) because of other group health insurance coverage, you may in the future be able to enroll yourself or your dependents if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage), provided, however, that you request enrollment within 31 calendar days after your other coverage ends. To request enrollment, contact the Edward Jones Benefits Department.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment from the Edward Jones Benefits Department within 31 calendar days after the marriage, birth, adoption, or placement for adoption.

If you do not currently have family medical coverage and wish to enroll a new dependent as a result of birth, adoption or placement for adoption, you must contact the Edward Jones Benefits Department within 31 calendar days of the birth, adoption or placement for adoption. Coverage will begin on the date of the birth, adoption or placement for adoption.

If you already have family medical plan coverage prior to the birth, adoption or placement for adoption of a new dependent, you should contact the Edward Jones Benefits Department as soon as reasonably possible following the birth, adoption or placement for adoption to add your new dependent to your existing medical coverage. Coverage for your new dependent will be retroactive to the date of birth, adoption, or placement for adoption.

The tables below describe additional Qualifying Status Change events that permit special enrollment and the effective date of the change. There are different event rules for different benefits as outlined in the table.

Note: to be eligible to drop coverage, you must have worked less than 30 hours per week on average for a minimum 90-day period, and you (and any enrolled dependents) must intend to enroll in other "minimum essential coverage" by the 1st day of the 2nd month after you drop your Edward Jones medical coverage.

Qualifying Status Change Event	Coverage Change is Effective On:
Birth, adoption or placement of a child for adoption	The child's date of birth, adoption, or placement for adoption
Marriage, or new Edward Jones-recognized domestic partner	1 st day of pay period following the election change request or domestic partner approval
Death of spouse, Edward Jones-recognized domestic partner or dependent	The day the spouse or dependent dies
Divorce, legal separation or annulment, or termination of Edward Jones-recognized domestic partnership	1 st day of pay period following the election change request
Child loses or gains eligibility to participate	1 st day of pay period following the date the child loses or gains eligibility
You are no longer a full-time benefit-eligible associate	Dental, life insurance and disability benefits end on the 1 st day of pay period following the change of status date. However, you may retain medical coverage through the end of your 12-month stability period if you remain with the firm
Your status changes from part-time to full-time associate	1 st day of the month following one full month of full-time status
You move out of a medical coverage service area	1 st day of pay period following your election change request
You, your spouse or dependent enrolls in Medicare or Medicaid	1 st day of pay period following your election change request
There is a significant change in your spouse's employer-sponsored coverage	1 st day of pay period following your election change request
You are enrolled in the Edward Jones Medical Plan and enroll in minimum essential coverage through the Marketplace Exchange during the Marketplace's annual enrollment or special enrollment period.	1 st day of pay period following your election change request
You are enrolled in the Edward Jones Medical Plan and, due to reduced hours below 30 hours	1 st day of pay period following the election change request

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per week, you no longer wish to have Edward Jones medical coverage.

Note: to be eligible to drop coverage, you must have worked less than 30 hours per week on average for a minimum 90-day period, and you (and any enrolled dependents) must intend to enroll in other "minimum essential coverage" by the 1st day of the 2nd month after you drop your Edward Jones medical coverage.

Note: Coverage changes for Supplemental Life, Supplemental AD&D, Child Life and Spousal Life paid with after-tax dollars can be made at any time – they are not connected to qualified status changes. However, if enrolling in Life Insurance or Long-Term Disability, please note that evidence of insurability may be required.

Special Enrollment Period

Prior Coverage under a Different Plan which is Discontinued

If you decline enrollment for yourself or your dependents because you have other coverage, you may be able to enroll yourself or your dependents for Medical Plan, Dental and Vision Plan and the Health Care FSA at a later date.

To do so, you must meet each of the following conditions:

- You or your dependents were already covered under another employer group health plan or already had health insurance coverage when you were offered coverage under the Edward Jones Plan.
- Your or your dependents' prior employer group coverage was one of the following:
 - COBRA continuation coverage, which was exhausted; or
 - Non-COBRA coverage which ended either because you or your dependent were no longer eligible (for example, as a result of legal separation, divorce, death, termination of employment, termination of services or reduction in the number of hours of employment) or employer contributions toward such coverage were terminated. You must request enrollment under the Edward Jones Plan within 31 calendar days after the date COBRA continuation ends, the other coverage is terminated, or the other employer's contributions stop.

Provided you enroll within the 31-calendar day period, coverage will be effective the first day of the pay period following the date your other coverage ends. If you are an FA, SP, or GP, coverage will be effective the first day of the month following the date your other coverage ends.

Cancellation of coverage under a different plan (including COBRA continuation coverage under another plan) due to failure to pay timely or accurate premiums *is not* a qualifying event which would allow you to enroll in the Edward Jones Medical Plan, Dental and Vision Plan and the Health Care FSA.

Medicaid or State CHIP Ineligibility

In addition, if you or your dependents (including your spouse) become ineligible for coverage under Medicaid or a state child health plan (CHIP), you may enroll in medical, dental or vision coverage if you or your dependents are otherwise eligible to participate. In addition, you may enroll in medical, dental or vision coverage, if you or your dependents become eligible for premium assistance for the group health plan under Medicaid or a state CHIP, and you or your dependents are otherwise eligible to participate. However, you must request enrollment within 60 calendar days after your coverage was terminated, or within 60 calendar days after you or your dependent is determined to be eligible for assistance, as applicable.

When Participation Begins

As a New Associate

For most of the plans described in this Summary Plan Description, your participation will become effective on the first day of the month following one full month of employment (for example, if your start date is March 12th, your first full month of employment would be April, and your participation will begin May 1st). If your employment start date is on the first day of the month, coverage would start on the first day of the 2nd month of employment (for example, if your start date is March 1st, your participation will begin April 1st). Dependent coverage is effective on the same date your coverage becomes effective. If your election requires evidence of insurability, coverage will begin on the date your application is approved by

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the claims administrator. If you are a HOA or BOA, your Short-Term Disability coverage will begin on the later of the date that is six months after your hire date, or six months after you become a full-time HOA/BOA associate.

If you are not actively at work when your coverage would normally start due to an approved leave of absence or other leave, certain benefits will not become effective until you return to work. Please refer to the below *Inactive Work Status* section for more information.

As a Rehired Associate

If your employment with Edward Jones is terminated and you are rehired within thirty days, you will automatically be re-enrolled into the same benefits you had elected prior to your initial termination. If your employment is terminated and you are rehired after thirty days, you will be treated as new hire and will need to make new benefit elections.

As an Existing Associate

In General

All changes you make to your benefit elections during annual open enrollment period will begin on the following January 1st. If you have a qualifying status change or special enrollment right (as discussed above under the *Changing Benefit Coverage* section), you must generally request a change to your benefits within 31 calendar days of the event. To request a change, contact the Edward Jones Benefits Department. For BOAs and Home Office Associates, coverage changes for most events will be effective the first day of the pay period following the event date. For FAs, SPs, and GPs, coverage changes for most qualifying events will be effective the first of the month following the change date.

If you do not currently have family medical coverage and wish to enroll a new dependent as a result of birth, adoption or placement for adoption, you must contact the Edward Jones Benefits Department within 31 calendar days. Coverage will begin on the date of the birth, adoption or placement for adoption. For Supplemental or Dependent Life Insurance, Long-Term Disability, or Supplemental AD&D coverage, you may enroll as long as it is within 31 days of the Qualifying Status Change.

If you already have family health plan coverage (that is, coverage for you and at least 2 dependents) prior to the birth, adoption or placement for adoption of a new dependent, you should contact the Edward Jones Benefits Department as soon as reasonably possible following the birth, adoption or placement for adoption to add your new dependent to your existing medical coverage. Coverage for your new dependent will be retroactive to the date of birth, adoption, or placement for adoption.

If you enroll for Supplemental or Dependent Life Insurance, Long-Term Disability, or Supplemental AD&D coverage later than 31 calendar days from first becoming eligible, you must prove insurability. Coverage will begin on the date your application is approved by the insurance carrier.

Once coverage begins, it will continue as long as you are an active associate, you continue to pay any required contributions, and the group policy remains in force.

Inactive Work Status

If you are away from work because of injury or illness, or are on a leave of absence on the date your Basic Life Insurance, Basic AD&D Insurance, Supplemental Life Insurance, Vision Plan, Dependent Life Insurance, Short-Term Disability, or Long-Term Disability coverage would otherwise become effective, you will become covered on the date you:

- return to active work on a full-time basis, and
- complete one full day of scheduled service (does not apply to the New Hire Eligibility Waiting Period).

The actively at work requirement will not prevent or delay your medical or dental coverage effective date if you are away from work when coverage begins due to any health-related reason, including a medical condition, hospital confinement, or disability.

Dependent Deferred Effective Date

If your dependent is confined to a hospital or elsewhere, life insurance coverage does not begin or increase until your dependent leaves the confinement and performs normal activities for at least 15 consecutive days after his or her release.

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This does not apply to an eligible newborn child. Confined elsewhere means your dependent is unable to perform, unaided, the normal functions of daily living, or leave home or other place of residence without assistance.

Midyear Enrollment Opportunity for Medical Benefits

As discussed above, certain newly hired associates in part-time or on-call positions must wait until the conclusion of an "initial measurement period" before their eligibility for medical benefits is confirmed. If the results of the "initial measurement period" require the associate to be offered coverage under the Medical Plan, he or she will have the opportunity to enroll in the Medical Plan during an ongoing Plan Year.

Cost

Edward Jones provides Basic Life, Financial Advisor Survivor Benefit Life Insurance, Basic Accidental Death & Dismemberment Insurance, and Short-Term Disability (STD) coverage at no cost to you. For other programs the associate pays all or a portion of the cost of the benefit or premium. Depending on the type of coverage, your cost will be deducted from your pay each pay period on a *pre-tax* or on an *after-tax* basis. LTD is automatically provided to eligible Home Office associates, BOAs, and new FAs (with less than one year of service) at no cost. LTD is an optional benefit for FAs (after one year of service), SPs, and GPs. FA, SP, and GP associates must pay for the cost of their LTD Plan.

Pre-Tax Benefits

You pay for the following benefit programs on a *pre-tax* basis*:

- Medical Plan
- Dental Plan
- Vision Plan
- Health Savings Account (HSA)
- Health Care FSA and
- Dependent Day Care FSA

***Note:** SPs and GPs may not use pre-tax contributions to pay for their benefits. In addition, associates living in New Jersey may pay state taxes on their pre-tax contributions. Some states also require that residents pay state tax on their Health Savings Account contributions. Please contact the Edward Jones Benefits Department for the most current list of these states.

If your deductions are made on a *pre-tax* basis, your cost for coverage is taken from your salary before income and Social Security taxes are calculated. This reduces your taxable income and the amount of taxes you pay.

Using pre-tax dollars to help pay for your benefit elections may save you money. For example, let's say your annual pay is \$25,000 and your pre-tax contributions total \$3,000. You would only pay Federal income taxes on \$22,000 (\$25,000 minus \$3,000) instead of the full \$25,000. In many states, you can save even more because pre-tax dollars are deducted before state taxes are calculated. In some cases, you will not be able to pay for health or medical coverage for certain individuals on a pre-tax basis (such as your domestic partner who is not your tax dependent). See the below *Taxability of Coverage and Benefits* section for more information.

After-Tax Benefits

If any of your deductions are made on an *after-tax* basis, your cost for coverage is taken from your salary after income and Social Security taxes are calculated. Under current Internal Revenue Code rules and regulations, by paying taxes on the contributions you make, neither you nor your beneficiary will pay taxes on the benefits received from these plans. Please refer all tax-related questions to your tax advisor.

You must pay for the following benefit programs on an *after-tax* basis:

- Supplemental Life Insurance
- Dependent Life Insurance
- Supplemental AD&D Insurance
- Family AD&D Plan
- Long-Term Disability (for FAs, GPs and SPs only)

For BOAs and Home Office Associates, Edward Jones pays the cost of your Short-Term Disability and Long-Term Disability coverage, so taxes will be deducted from the benefits before you, or your beneficiary receive them. Long-term disability benefits are non-taxable for FAs (excluding those FAs in their first year) and GPs, as noted above.

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Associates that do not receive a paycheck or if their paycheck earnings are not enough to cover all of their benefit premium costs, are still required to pay their benefit premiums. **Failure to pay the required benefit premiums by the deadline specified in the billing communications may result in your coverage being terminated with Edward Jones.**

Taxability of Coverage and Benefits

With respect to each dependent whom you enroll in a benefit program which is paid or provided on a pre-tax basis, you must notify Edward Jones if:

- you are not eligible to have the value of the dependent's coverage excluded from your taxable income because the dependent is not your qualifying child or qualifying relative (as explained in Health Care FSAs (also known as Health Care Reimbursement Accounts) section provided above), or
- your child's coverage under the Medical Plan cannot be paid on a pre-tax basis because your child does not meet the requirements listed in the below section, Children Under the Medical Plan.

Domestic Partners or Relatives of Domestic Partners

Unless you complete a Qualified Tax Dependent Affidavit to claim that your domestic partner or a relative of your domestic partner is your dependent for tax purposes, you will be taxed on the value of the dependent's coverage provided by the Plan and must pay your contributions for the coverage on an after-tax basis. This will result in additional taxable income for you.

Children under the Medical Plan

In addition to the rules above, coverage under the Medical Plan for certain children may be excluded from the associate's gross income. Coverage may be excluded for an *eligible child* who has not attained age 27 as of the end of the taxable year and who is the associate's son, daughter, stepson, stepdaughter, foster children, legally adopted child or child who is lawfully placed with the associate for legal adoption. If your child meets these criteria, he or she need not be a *qualifying child* as described above.

Note: To be considered your dependent, an individual must meet the definition of dependent in the Internal Revenue Code and supporting regulations. Determining who your dependent is for pre-tax purposes, especially domestic partners who are dependents, can be complex. We recommend that you consult your personal tax professional for advice on your individual tax situation.