

Investing in You

Culture • Career • Total Rewards • Wellbeing

Edward Jones



Allowable Changes to Benefits

The Edward Jones Plan follows IRS guidelines in allowing changes to your benefits due to a qualified life event. The changes to coverage must be consistent with the type of life event as described in the table on page two and must be submitted within 31 days of the event date. By making a change in the on-line enrollment system, you are certifying a life event has occurred. Mercer, our third-party vendor handling the verification process, will contact you within 6-8 weeks after elections are completed to provide documentation regarding these life events.

Note: Other employer plans may not follow the same practice, so it is important you check with the other plan regarding their life event rules before dropping other coverage.

How to Request a Life Event

Step 1

- [Gateway](#) > Benefits and Statements
- Add/Edit Life Event.
- On the Life Event summary page, select Request a Life Event and complete the online prompts.

Step 2

You will receive a notification by email confirming your life event within 24-48 hours of submitting the request. Once you have made your elections and submit, you will receive a notification which will include a link to a new benefits confirmation statement with the processed election changes.

When Benefits Coverage Is Effective After a Life Event

| Event | When Change is Effective |
|--|--|
| Birth of child | On birth date |
| Adoption of child | On date of placement with adoptive parents |
| All other events <ul style="list-style-type: none">• BOAs and Home Office Associates• Financial Advisors and Principals | <ul style="list-style-type: none">• First day of pay period following event date• First day of month following event date |

Life Event

Allowable Changes to Benefits

| | |
|---|--|
| Marriage, Eligible Domestic Partnership, Divorce, Legal Separation, Termination of Domestic Partnership, Death of Spouse/Domestic Partner, or Birth or Adoption of Child | <ul style="list-style-type: none"> • Enroll in or drop medical, dental and/or vision • Enroll spouse/DP in medical, dental and/or vision • Enroll eligible dependents in medical, dental and/or vision • Increase/start flexible spending account contributions (healthcare or dependent day care FSAs) • Decrease/drop flexible spending account contributions (healthcare or dependent day care FSAs) |
| You or your Spouse/Domestic Partner become eligible for Medicare | <ul style="list-style-type: none"> • Drop your medical, dental and/or vision • Drop spouse/DP and/or child(ren) from your medical, dental and/or vision • Decrease/stop flexible spending account contributions (healthcare or dependent day care FSAs) |
| Your Spouse/Domestic Partner or Child is newly eligible to participate in another employer's benefit plan or the Healthcare Marketplace plan | <ul style="list-style-type: none"> • Drop yourself, or spouse/DP and/or child(ren) from medical, dental and/or vision (if spouse/DP gains other coverage) • Drop child from medical, dental and/or vision (if child gains other coverage) • Increase/start dependent day care FSA contributions • Decrease/stop dependent day care FSA contributions |
| You or your Spouse/Domestic Partner are no longer eligible to participate in another employer's benefit plan or the Healthcare Marketplace plan | <ul style="list-style-type: none"> • Enroll yourself (and spouse/DP and children) in the Edward Jones medical, dental and/or vision plan • Increase/start dependent day care FSA contributions • Decrease/stop dependent day care FSA contributions |
| Spouse/Domestic Partner's employer plan significantly changes (cost increases at least 20% or benefits decrease significantly), and you wish to enroll in the Edward Jones plan as a result | <ul style="list-style-type: none"> • Enroll self (and/or spouse/DP or children) in medical, dental and/or vision • Increase or start dependent day care FSA contributions • Decrease/stop dependent day care FSA contributions |
| Spouse/Domestic Partner's employer plan significantly decreases cost or increases benefits and you wish to drop the Edward Jones plan as result | <ul style="list-style-type: none"> • Drop self, spouse/DP, and/or children from medical, dental and/or vision • Increase or start dependent day care FSA contributions • Decrease/stop dependent day care FSA contributions |
| Child newly meets eligibility requirements to join Edward Jones benefit plan | <ul style="list-style-type: none"> • Enroll self (and/or spouse/DP or children) in medical, dental and/or vision • Increase or start FSA contributions (healthcare or dependent day care) • Decrease/stop FSA contributions (healthcare or dependent day care) |
| Child no longer meets eligibility requirements to participate in Edward Jones benefit plan (e.g. over age limit, no longer a full time student, death) | <ul style="list-style-type: none"> • Drop child from medical, dental and/or vision • Decrease/stop FSA contributions (healthcare or dependent day care) |
| *You are a part-time associate enrolled in the Edward Jones Medical Plan and you work less than 30 hours on average for at least 90 days | <ul style="list-style-type: none"> • Drop self, spouse/DP and/or children from medical plan <p><i>*Send your request by email to enroll@edwardjones.com for this event only.</i></p> |