

Leaving the Plan

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This section of the Summary Plan Description (or "SPD") summarizes important information about the manner in which your benefits will terminate under the Edward D. Jones & Co. Employee Health & Welfare Program (the "Plan"). This section also includes important information about coverage continuation rights that may be available to you. 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.

When Coverage Ends

Events Causing Coverage to End

Benefit coverage for you and/or your dependents under any of the benefit programs provided under the Edward D. Jones & Co. Employee Health & Welfare Program (the "Plan") will end when the earliest of the following occurs:

- the firm discontinues the applicable benefit plan or plans,
- for insured arrangements, when the insurance company cancels the policy,
- your employment ends,
- your status changes and you are no longer in a benefit-eligible class,
- your dependent(s) no longer meet the Plan's eligibility definition,
- you fail to make required contributions for coverage,
- your retirement, or

- your death.

For basic and supplemental life insurance, coverage for you and/or your dependents will end when the earliest of the following occurs:

- the last day of the pay period during which the policy terminates;
- the last day of the pay period during which you are no longer in a class eligible for coverage, or the policy no longer insures your class;
- the last day of the pay period during which the premium payment is due but not paid;
- the last day of the pay period during which your employer terminates your employment; or
- the last day of the pay period during which you are no longer actively at work; unless continued in accordance with any of the Continuation Provisions.

For dependents, coverage ends when the earliest of the following occurs:

- the last day of the pay period during which Your coverage ends or You qualify for Disability Extension;
- the last day of the pay period during which the required premium is due but not paid;
- the last day of the pay period during which You are no longer eligible for Dependent coverage;
- the last day of the pay period during which We or the Employer terminate Dependent coverage; or
- the last day of the pay period during which the Dependent no longer meets the definition of Dependent; unless continued in accordance with the continuation provisions.

In addition to the events above, for the Financial Advisor Survivor Benefit only, coverage ends the date you are no longer a financial advisor at Edward Jones, you begin a Retirement Transition Plan or the date you are under a firm investigation and suspended from your branch office. Coverage will resume if you are reinstated. With respect to your medical coverage, your medical coverage will remain in effect for the remainder of your stability period, so long as you remain an employee of Edward Jones.

In all cases, your coverage may not be cancelled prior to the dates indicated above unless there is fraud or intentional misrepresentation (such as intentionally requesting coverage for a person who you know does not qualify as your spouse or dependent).

Effective Date of Coverage Termination

Generally, coverage for most benefits will end when your employment ends, you no longer meet the Plan's eligibility criteria, you retire, or your dependent no longer meets the Plan's eligibility definition.

Medical, Dental, Vision, EAP, FSA, and HSA Programs

For Financial Advisors, Service Partners and General Partners, coverage will end on the last day of the calendar month during which you become ineligible due to one of the events listed above.

For Home Office Associates and Branch Office Administrators, coverage will end on the last day of the two-week pay period for which you paid a premium.

For purposes of the medical coverage, if you are considered a "full-time" employee during a standard stability. You will remain eligible for medical coverage for the remainder of your stability period, but only if you remain employed by Edward Jones. See *"Eligibility and Electing Benefits"* for more information about these new eligibility rules for medical coverage.

Consult the HSA section of the SPD to learn more about your continued access to your HSA account after your Edward Jones HSA participation terminates. Your accrued HSA balances are not forfeited when your Edward Jones participation terminates. However, your HSA will be unlinked from Edward Jones and re-designated as an "individual" account. See *"Health Savings Account"* below for more information.

Short-Term Disability and Long-Term Disability, Life Insurance, and AD&D Programs

In addition to the events listed above, coverage for Short-Term and Long-Term disability ends on the day you are no longer in a benefit-eligible class (for example, you switch from full-time associate to an on-call associate).

Life and AD&D Insurance coverage will continue when you begin an authorized paid or unpaid leave of absence for the period defined in the policy including FMLA, ADA, or USERRA leave. LTD can continue as well for LOA and FMLA. Coverage will be discontinued if you are on an unauthorized leave of absence but will resume when you return to active work.

If you are no longer eligible for Edward Jones benefits because of a change in status or termination of your employment, you may elect to continue your coverage in some of the plans through other sources under certain circumstances. For more information, see *Your Options When Coverage Terminates* and *COBRA Continuation Coverage* later in this section.

Flexible Spending Account (FSA) Coverage

The following chart shows what happens to your Health Care FSA and Dependent Day Care FSA coverage and/or participation in several different situations:

If you:	Health Care FSA	Dependent Care FSA
Terminate employment, change to part-time status or retire	Participation ends. However, you may continue coverage by making after-tax contributions through COBRA if there is a positive balance. You may only have this coverage through the end of the current year. If you do not continue coverage, you may still file claims for expenses you incurred while contributing to your Health Care FSA. You may submit claims to Health Care FSA up to the total amount of your election (less any reimbursements already paid). You have up to 90 days after the end of the calendar year to file a claim for expenses incurred during that year.	Participation ends. However, you may submit claims you incurred prior to the date you stopped contributing to the Dependent Day Care FSA but only up to the amount available in your account. You have up to 90 days after the end of the calendar year to file a claim for expenses incurred during that year.
Take an unpaid leave covered by the Family and Medical Leave Act (FMLA) or take a personal leave	You have the option to continue or cease making contributions for coverage. If you continue participation during leave status, pre-tax payments will be deducted from any earnings, sick and/or vacation time paid during your leave. If there are not sufficient earnings to capture your regular per pay period contribution, you can make after-tax payments by check. You may file Health Care FSA claims incurred only during periods you actively contributed up to the amount of your election (less any reimbursements already paid).	You have the option to continue or cease making contributions to the account. However, keep in mind eligible dependent day care expenses are only those which enable you and your spouse to work. If you continue participation during leave status, pre-tax payments will be deducted from any earnings, sick and/or vacation time paid during your leave. If there are not sufficient earnings to capture your regular per pay period contribution you can make after-tax payments by check. You may only file claims for expenses incurred during periods you actively contributed up to the total amount in your account.
Take a military leave of absence under the Uniformed Services Employment and Reemployment Act (USERRA)	You and your dependents may continue your participation in the Edward Jones Health Care FSA for the balance of the plan year. You must pay any required premiums for coverage to continue. At the end of the military leave period, COBRA continuation will be offered. You may participate under the COBRA plan for the balance of the calendar year if you continue to make after-tax contributions.	You may continue your participation in the Edward Jones Dependent Care FSA for the balance of the plan year. At the end of the military leave period, group coverage will end.
Die	Participation ends. However, your dependents may continue coverage by making after-tax contributions through COBRA. If your dependents do not continue coverage, they may still file claims for eligible health care expenses through the date of the	Participation ends. However, your surviving spouse may submit dependent day care claims incurred prior to the date of the account holders death but only up to the amount in your account. Your surviving

If you:	Health Care FSA	Dependent Care FSA
	account holders death, up to the total amount of your election (less any reimbursements already paid). Your dependents have up to 90 days after the end of the calendar year to file a claim.	spouse or executor has up to 90 days after the end of the calendar year to file a claim

Continuation of Coverage during an Approved Leave

If Edward Jones grants you an approved FMLA, medical, military, personal, or other approved leave, your elected benefit coverage will continue as long as you continue to pay your portion (if any) of the premiums for the coverage during your leave and as allowed by the plan/policy. The only exception is 401(k) contributions for Home Office Associates and Branch Office Administrators, which cease when disability begins. Edward Jones will continue to make its share of the premium payments, if any.

This coverage will end on the earliest of the following dates:

- you fail to make any required premium payment,
- Edward Jones determines your approved leave is terminated, or
- you are no longer eligible for coverage.

Disability Coverage during a Leave of Absence

If Edward Jones grants you an approved leave, your disability coverage will continue during your approved leave. The date through which your leave is approved will be indicated on the leave response from Edward Jones. If you take FMLA leave as a result of your disability, your STD coverage will run concurrently with your FMLA leave. However, if you become disabled after the start of an approved leave, your disability waiting period will continue until the later of seven days or the date you are scheduled to return to active work.

Coverage will end on the earlier of the following dates:

- Edward Jones determines your approved leave is terminated, or
- you are no longer eligible for coverage.

LTD while on Leave of Absence: If you are on a documented leave of absence, other than Family or Medical Leave, your coverage may be continued as long as you are on an approved leave. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

Continuation of Life Insurance

You may be eligible to continue your life insurance coverage during certain events that would otherwise cause your life insurance coverage to terminate. These events include:

- approved leaves of absence,
- military leaves of absence,
- a temporary layoff,
- a change in status to a benefit ineligible position,
- certain periods of disability,
- certain periods of sickness or illness, and
- FMLA leave.

The duration and amount of continuation coverage may vary depending on the type of event. Complete rules regarding the continuation rules are described in the governing insurance policies. If you have any questions about your continuation rights, please consult the relevant insurance policies.

Continuation of Dependent Life Insurance

If your dependent child reaches the age at which he/she would otherwise cease to be eligible for dependent life insurance, and he/she is:

- age 19 or older;
- disabled; and
- primarily dependent upon you for financial support

then your child's dependent life insurance coverage will not terminate solely due to age.

To continue dependent life insurance coverage, you must submit proof of such child's disability, and such child must have become disabled before attaining age 19.

Coverage will continue as long as:

- you remain insured;
- the child continues to meet the required conditions; and
- any required premium is paid when due.

However, no increase in the amount of life insurance for such child will be available. You may be required to provide ongoing proof (satisfactory to the Plan) that the child continues to meet these conditions.

Returning to Work

If you return to work after your approved leave is over, your coverage is effective as if you had continued in active employment. If you didn't maintain your coverage during the leave, you must make a request for this coverage within 31 calendar days of when Edward Jones determined your leave was over. If you do not make this request within 31 calendar days, coverage is not effective until the claims administrator provides written approval. To determine who the claims administrator is under your plan, see the *Claims, Appeals and Legal Information* section of this handbook.

Your Options When Coverage Terminates

Note: The following information on converting coverage does not apply to the benefit programs that are subject to the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). For information about COBRA, see the below section *COBRA Continuation Coverage*.

Basic Life Insurance and Financial Advisor Survivor Benefits

You may apply for a conversion policy if your coverage ends because you:

- end your employment as an active full-time associate with Edward Jones, or
- cease to be eligible for this benefit.

The individual policy is subject to these conditions:

- It will not include disability, accidental death or dismemberment, continuation, accelerated, waiver of premium, or other supplemental benefits.
- The amount you elect cannot exceed the amount for which you were eligible when your coverage was reduced or terminated.
- You must apply in writing timely after your coverage is reduced or terminated.
- Your premiums will be based on the insurance company's rates for this policy, your age, your state of residence, and the amount of coverage you convert.
- You do not need to provide evidence of insurability.

You will be sent policy conversion information directly from the life insurance company. Your request for conversion must be received timely in order to convert. Please review the conversion information closely and contact MetLife if you have any questions about the conversion process and deadlines.

If your Basic Life Insurance ends because the policy terminates, you may apply for an individual policy within 31 days of the date the plan ends. To be eligible to purchase an individual policy, you must have been covered under the Edward Jones Basic Life Insurance Plan for at least five years. The individual policy is also subject to these limitations:

- The amount will be the lesser of:
 - \$10,000, or
 - the amount you were entitled to under the plan, less any amount that is reinstated or issued to you within 31 calendar days after your Basic Life Insurance ended.

Supplemental Life Insurance Benefits

If your Supplemental Life Insurance ends because you are no longer in an eligible class or your employment ends, you may apply for a conversion policy. This policy is subject to these conditions:

- It will not include disability or other supplemental benefits.
- The amount you elect cannot exceed the amount you were eligible for under the plan.
- You must apply in writing within 31 calendar days after your coverage is reduced or terminated, or within 15 days of receipt of the notification, whichever is greater, never to exceed 90 days
- Your premiums will be based on the claims administrator's rates for this policy, your age, your state of residence and the amount of coverage you elect.
- You do not need to provide evidence of insurability.

The conversion policy information will be sent to you directly from the life insurance vendor. Your request for conversion must be received within 91 days from your group coverage termination date. In the event that you are not approved by the life insurance vendor's underwriters for an individual life insurance policy, a conversion policy will be offered.

If you voluntarily stop your group Supplemental Life Insurance, a conversion policy will be offered to you. Your request for conversion must be received within 91 days from your group coverage termination date. Under no circumstances will your conversion application be accepted after 90 days.

If your Supplemental Life Insurance ends because of termination of employment and you are totally disabled, you may apply for continuation of coverage under the "waiver of premium" clause. You must be disabled prior to age 60 and be disabled to qualify for your waiver of premium

We will waive premium payments for Your Dependent Life Insurance and continue such coverage, while You remain Disabled, until the earliest of the date:

1. You die;
2. You no longer qualify for Waiver of Premium;
3. The Policy terminates;
4. You attain age 65;
5. Your Dependents are no longer in an eligible class, or Dependent coverage is no longer offered; or
6. Your Dependent no longer meets the definition of Dependent.

You must apply for this coverage within 31 calendar days of the date your coverage ends, and you must provide satisfactory proof of total disability to the insurance company. If you are approved for waiver of premium, then the coverage will be continued at no cost to you. The insurance company has the right to require proof of continued disability at any time. Should you no longer be totally disabled, the waiver of premium coverage will be discontinued, and you would be offered the option to apply for a conversion policy.

If your Supplemental Life Insurance ends and you die within 31 days from the coverage termination date, your beneficiary will receive a death benefit equal to the maximum amount you were eligible to convert. The claim will be paid whether or not you had applied for an individual policy.

If your Supplemental Life Insurance ends, you may apply for an individual policy within 31 calendar days of the date the policy terminates. To be eligible to purchase an individual policy, you must have been covered under the Edward Jones Supplemental Life Plan for at least five years. The individual policy is also subject to these limitations:

- The amount will be the lesser of:
 - \$10,000, or
 - the amount you were entitled to under the plan, less any amount that is reinstated or issued to you within 31 calendar days after your Supplemental Life Insurance ended.

Dependent Life Insurance Benefits

The amount of your dependent's life insurance (or a lesser amount, if desired) may be converted to an individual insurance policy if your dependent has been covered under this plan and coverage ends due to the following circumstances:

- you die,
- your employment ends,
- you are no longer eligible for coverage, or
- your dependent is no longer an eligible dependent.

You will be sent policy conversion information directly from the life insurance vendor. Your request for conversion must be received within 91 days from your group coverage termination date. Under no circumstances will your conversion application be accepted after 90 days.

The policy issued to your spouse/domestic partner or child is subject to these conditions:

- your dependent (or a parent or guardian of a minor or legally incapable dependent) must apply in writing and pay the first premium within 31 calendar days after his or her Dependent Life Insurance ends, and
- the amount your dependent elects cannot exceed the amount he or she was eligible for under the plan.

If your Dependent Life Insurance ends because the policy terminates, the dependent may apply for an individual policy within 31 calendar days of the date the plan ends. To be eligible to purchase an individual policy, the dependent must have been covered under the Edward Jones Dependent Life Insurance Plan for at least five years. The individual policy is also subject to these limitations:

- The amount will be the lesser of:
 - \$10,000, or
 - the amount your dependent was entitled to under this plan, less the amount reinstated or issued to your dependent within 31 calendar days after your dependent's life insurance ended.

If your dependent dies within 31 days of coverage termination, the claim will be paid whether or not your dependent had applied for an individual policy.

Important Information Regarding Life Insurance Conversion

After a converted policy becomes effective for any person, that policy will replace all benefits, benefit amounts and privileges under the Edward Jones group contract for that person.

Supplemental and Family Plan AD&D Benefits

Conversion is not available for AD&D benefits.

Long Term Disability Benefits

Conversion is not available for LTD benefits.

Employee Assistance Program (EAP)

Up to eight face-to-face counseling visits for the associate and their immediate family members will be available for up to 18 months under the following circumstances:

- associate terminates employment or retires
- full time associate changes to an ineligible class (such as part time or on-call)

There is no cost to the former associate for this continuation of coverage. The 18-month period begins the day after the associate's group coverage under the EAP program ends.

Health Savings Account

Your Health Savings Account is your own personal bank account. The amounts contributed to your HSA are nonforfeitable. If you terminate employment, retire, or otherwise lose eligibility for the Edward Jones HSA program, you will keep your HSA; however, you will lose the ability to receive employer contributions to your HSA and contribute to your HSA on a pre-tax basis through your Edward Jones payroll. (See Eligibility and Electing section to review when and which events will terminate participation). If you are no longer a participant, the HSA Administrator will re-designate your HSA as an "individual" HSA account. Your individual HSA will no longer be affiliated with the Edward Jones HSA program. This means that you may not have access to the same investment choices that you had while your HSA was linked to the Edward Jones Plan. Additionally, the HSA Administrator will no longer serve as an interface between you and your HSA trustee. After the transition of your account to an individual (non-Edward Jones) HSA, you will be responsible for paying any account fees thereafter, just like any other bank account. You can also transfer your HSA balance to an HSA that you've opened with another financial institution if you prefer.

The ability to receive advances for the benefit of your Edward Jones HSA will be suspended immediately upon termination, retirement, or change of status to part time or on call status. For more information about the advance program, see the *Health Savings Account & Flexible Savings Account* section of this handbook.

COBRA Continuation Coverage

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that employers allow covered associates and eligible dependents to continue certain health care coverage at their own expense when they would otherwise lose coverage.

The Edward Jones benefits you can continue under COBRA include:

- Medical,
- Dental,
- Vision,
- EAP, and
- Health Care FSA.

Qualifying Events for Associates

COBRA coverage for you, your spouse/domestic partner and your dependents generally continues for a maximum of 18 months if you become eligible for COBRA because you experience a qualifying event. For Health Care FSAs, coverage for you and your dependents continues for the balance of the current plan year as long as there is a positive balance in the FSA account. Qualifying events can occur when you lose your coverage because:

- your work hours are reduced to less than 35 hours per week and your status changes from full time to part time
- you resign or retire, or
- the firm ends your employment (except for gross misconduct)

If you elect COBRA coverage because you enter the military or are a reservist and you go on active duty, the maximum COBRA period is 24 months.

Qualifying Events for Your Spouse, Domestic Partner and Dependents

COBRA coverage also is available to your covered dependents for 36 months if their coverage ends because:

- Your dependent loses eligibility for coverage (for example, your dependent reaches the dependent maximum age limit),
- you die,
- you get a divorce or legal separation,
- your domestic partnership ends, or
- you become eligible for Medicare.

If you divorce or get a legal separation, you terminate your domestic partner relationship, or if your dependent loses eligibility for coverage, you, your spouse or your dependent must notify the HR Benefits department within 60 days after the event occurs. If one of these qualifying events occurs while a spouse or dependent is already covered under COBRA, his or her coverage may be extended for up to 36 months from the date of the first event.

If you are eligible for COBRA continuation coverage, you may elect to cover dependents acquired after your date of eligibility provided the COBRA administrator is notified within the prescribed time period. In general, the newly acquired dependents will not have an independent right to COBRA continuation coverage, except for newborns who are considered Qualified Beneficiaries. Failure to notify the administrator within the prescribed time will result in a waiver of the right to elect COBRA for the newly acquired dependents. To be eligible for this extension, you or your dependents must notify the COBRA administrator within 60 days of the second event.

COBRA and Disability

If you or a covered family member are disabled, as determined by the Social Security Administration, on the date you lose coverage or you or a covered family member become disabled during the initial 60 days of COBRA, you can continue COBRA coverage for you and your dependents for a total of 29 months (that is, for 11 additional months). You must notify the COBRA administrator within 60 days of the determination of disability, and the COBRA administrator must receive the notice within the initial 18 months of coverage. The COBRA administrator requires a copy of the Social Security Administration's determination letter as proof that the COBRA participant has been approved for disability. If approved for the disability extension, the COBRA administrator may charge up to 150% of the current premium rates,

COBRA Benefit Levels

If you elect to continue coverage under any or all of the eligible plans, you receive exactly the same benefits as active associates. However, this also means you're subject to the same limitations and exclusions, including expenses not covered and coordination of benefits.

Cost of COBRA Coverage

If you elect to receive continued coverage under COBRA, you pay 102% of the cost of coverage for active associates and dependents (100% of the premium, including any portion typically paid on behalf of active associates by Edward Jones, plus a 2% administration fee). If you or a covered family member are disabled and covered by COBRA, you pay 102% of the cost of coverage for 18 months, then 150% of the cost for the remaining 11 months.

Applying for COBRA Coverage

You will receive an election form from Tri-Star Benefits Systems and more information about COBRA coverage if you become eligible.

In the case of a divorce or ineligibility of a dependent child, the qualified beneficiary must notify the Benefits Department within 60 days of the divorce or ineligibility to receive an election form. Each qualified beneficiary has until 60 days after the later of the date the qualifying event would cause him or her to lose coverage or the date on which you receive your COBRA election form to make an election. Your spouse and dependent children have separate election rights. You have an additional 45-day period from the date you return your election form to pay the premiums necessary to avoid any gap in coverage. Any claims you file are not paid until your payment is received.

When COBRA Coverage Ends

COBRA coverage ends on the earliest of the following dates:

- you, your spouse or your dependent becomes covered under another group health plan you,
- your spouse or your dependent becomes eligible to enroll in Medicare (except for end-stage renal disease) after the date you elect COBRA coverage,
- you don't pay the initial or monthly premium within the required time period
- Plan ends, or
- the maximum COBRA continuation period (18, 29 or 36 months) ends.

COBRA Administrator

Tri-Star Systems is the firm's COBRA administrator. If you have any questions about your eligibility for COBRA, or you do not receive coverage information within 14 days of notification of a qualifying event, contact the Benefits Department.

Long Service Plan

Associates who are no longer eligible to participate in the Medical Plan due to termination of employment and who meet the "Rule of 70" may be eligible to apply for an extension of medical coverage beyond their COBRA continuation period. This extension is called the Long Service Plan.

Associates are eligible for this extension of coverage if:

- they are at least 50 years old at the time of retirement or termination, and
- their age at that time, added to their active working years of service with Edward Jones equals at least 70.

Eligible associates must enroll in and exhaust the 18-month COBRA period in order to apply for the Long Service Plan. The Long Service Plan would begin the day after COBRA coverage ends. Participants of the Long Service plan are only eligible to participate in the Premium Plan. It at the time of transition from COBRA the participant is on the Platinum plan s/he must move to the Premium Plan and will only be eligible for that plan until exhausting LSP benefits. If the associate is eligible for Medicare (but otherwise meets age and length of service requirements) when he or she retires/terminates from Edward Jones, his/her enrolled dependents will be eligible for the Long Service Plan for a period of time equal to the associate's time in service at Edward Jones, or until eligible for Medicare (whichever occurs first).

The Long Service Plan benefits may not be the same coverage level that the associate had while an active associate. The Long Service Plan extends medical coverage only, not Dental, Life, Vision, or any other non-medical benefits offered through the Plan.

Associates pay 102% of the cost of coverage for the Long Service Plan. Coverage for associates under the Long Service Plan ends when the former associate turns age 65 or becomes eligible for Medicare, whichever occurs first.

Spouses or Domestic Partners who are under age 65 at the time associate coverage ends will be permitted to continue coverage on an individual basis until the earlier of: the date the spouse turns age 65; the date the spouse is eligible for Medicare; or the date equal to the former associate's length of service with Edward Jones; whichever occurs first. Eligible dependent children may continue under the plan until reaching maximum age limits. If the child is disabled and continues eligibility beyond the usual age limits due to a qualifying disability, he/she may continue on the plan until age 65, ceases to be an eligible dependent, ceases his/her disability or until eligible for Medicare, whichever occurs first. For more information about the Long Service Plan, please contact the Edward Jones Benefits Department.

If you are eligible for Long Service Plan continuation coverage, you may elect to cover dependents acquired after your date of eligibility provided the COBRA administrator is notified within the prescribed time period. In general, the newly acquired dependents will not have an independent right to COBRA continuation coverage, except for newborns who are considered Qualified Beneficiaries. Failure to notify the administrator within the prescribed time will result in a waiver of the right to elect LSP for the newly acquired dependents. To be eligible for this extension, you or your dependents must notify the COBRA administrator within 60 days of the second event.