



## Exiting Employee Information

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2026

## **When You Leave:**

### **A guide to help smooth your transition**

Because it's only natural to have questions as you leave, we've put together some information that can help. Most of the content applies to everyone, but some specific topics may not apply to your situation. Our goal is to address the most relevant topics that exiting team members usually encounter.

If you have any questions about the material presented or the exit process, please feel free to contact the Benefits and Administration Team at 833-828-HRHR.



# Health and Welfare Benefits

## Health, Dental and Vision Insurance

Your medical, dental and vision benefit coverage and deductions will end at the end of the month your employment ends.

If you were enrolled in the company's medical, dental, or vision insurance plan, you may have the option to continue your coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

If you are eligible, a COBRA information package will be mailed to you by our COBRA administrator via USPS, typically within 14 days of your employment end date. This package will include details on how to elect continuation coverage and payment requirements.

Additional information about COBRA eligibility and enrollment can also be found on page 2, under "General COBRA Information."

A Proof of Health Coverage Letter is available through your UMR online account. You may also request this letter by calling UMR Customer Service at 800-826-9781.

## Health Flexible Spending Account (FSA)

Your eligibility for reimbursement from the Health FSA ends on your last day of employment. You have 90 days to file claims and submit receipts for reimbursement.

On your last day of employment, if you have contributed more to the Health FSA than you have been reimbursed, you may elect COBRA continuation coverage. Electing COBRA will allow you to be reimbursed for expenses incurred after your last day of employment, as long as you make monthly contributions to your account on an after-tax basis.

You cannot be reimbursed for services incurred after your date of separation unless you continue to contribute to the account each month.

## Dependent Care Flexible Spending Account (DCFSA)

Your eligibility for reimbursement from the DCFSA ends on your last day of employment. You may submit receipts for reimbursement up to 90 days from date of termination for any claims incurred during your employment. You cannot be reimbursed for expenses incurred after your separation.

# Health and Welfare Benefits

## General COBRA Information

COBRA continuation coverage is available only to individuals who were actively enrolled in one or more of the following plans on their last day of coverage: Medical, Dental, Vision, Employee Assistance Program (EAP), and/or Health Flexible Spending Account (FSA). COBRA coverage is not offered to employees terminated for gross misconduct.

- If you are eligible to continue your coverage, a COBRA information packet will be mailed to you via USPS. This packet will include instructions for electing coverage, premium rates, and applicable deadlines.
- To elect COBRA coverage, you must complete and return the COBRA election form no later than the deadline indicated in your COBRA packet. This period is referred to as your COBRA election period.
- Your COBRA coverage will begin the day after your last day of active participation, referred to as your COBRA effective date, regardless of when within the election period your election form is received. Please note that **claims will not be processed until your first monthly premium payment has been received and credited by the COBRA administrator.**
- It is recommended that you submit your completed Election form to the COBRA administrator as soon as possible to avoid delays in coverage.

# Health and Welfare Benefits

## Important Information Regarding Electing and Maintaining COBRA Coverage

- Once enrolled, the COBRA administrator will mail monthly premium invoices to your home address.
- COBRA premium payments should be submitted upon receipt of your premium billing invoice.
- If payment is not received by the due date shown on your invoice, coverage will be cancelled retroactively to the last date for which payment was received.
- COBRA coverage may only be discontinued on the first day of the month or upon proof of other qualifying coverage.
- Premiums are payable in full month increments. Partial-month payments are not permitted, except for the month in which employment separation occurs.
- Once COBRA coverage is terminated, it cannot be reinstated.

If you have any questions about this process or how to continue coverage, please contact the Benefits and Administration Team at 833-828-HRHR.

## Life and AD&D Insurance

Your participation in employer paid group life and AD&D insurance and optional group life insurance ends on your last day of employment. You may elect to continue up to the same level of coverage you had in place upon your termination date by converting to an individual policy. Please note that the premiums for this insurance will be subject to change when you are transferred from the group insurance plan to the conversion policy.

For more information on continuing your life and AD&D insurance benefits, you must call MetLife at 1-888-252-3607 within 30 days of your active coverage ending.

**Important: To convert your life and AD&D coverage, you must call MetLife at 1-888-252-3607 within 30 days of your employment ending.**

# Health and Welfare Benefits

## Long Term Disability and Other Optional Benefits

To convert your policy(ies), call the appropriate phone number listed below, request a conversion package and complete and return the required form(s) prior to the deadline.

**Important: Your conversion rights must be exercised within 31 days of active coverage ending.**

## Accident, Critical Illness, and Cancer

MetLife: (800) 275-4638

Other insurance plans, which include Short-Term and Long-Term Disability, are not available for conversion.

## 401(k) Plan Information

If you participated in the 401(k) Plan you may be eligible to leave your money in the Plan.

If your account balance in the Plan is greater than \$1,000, you have the choice of leaving your money in the Plan, rolling your money to another eligible retirement plan or IRA or taking a complete or partial distribution. Former employees that leave their money in the Plan have the ability to take one partial distribution each year.

If your account balance in the Plan is less than or equal to \$1,000, your balance will be paid to you automatically as soon as administratively possible. To avoid taxes and/or early withdrawal penalties on your distribution, the Plan's recordkeeper must receive distribution instructions from you prior to the date automatic distributions are made.

To request a distribution of your account balance from the Plan, contact the Plan's recordkeeper at (800) 354-2351 or online at [www.rps.troweprice.com](http://www.rps.troweprice.com).

You may continue to obtain your 401(k) Plan account balance information, change investment options or obtain fund performance information by calling the Plan's recordkeeper at (800) 354-2351, or by accessing [www.rps.troweprice.com](http://www.rps.troweprice.com). You will be required to enter your User Name and password.

# Health and Welfare Benefits

## 401(k) Plan Information (continued)

401(k) balances cannot be withdrawn or rolled over until your last deferral has been funded to your 401(k) account. Please allow 3 weeks from your termination date for processing your last deferral.

### Outstanding 401(k) Loan Upon Termination

If you have an outstanding 401(k) loan when your employment ends, the full loan balance is due within 90 days after your final payroll deduction.

To pay off your loan, contact T. Rowe Price Participant Services and request that your loan be frozen so you can receive the exact payoff amount. Payment must be made by bank-certified check or money order, payable to T. Rowe Price Retirement Plan Services (TRP or RPS). Be sure to include your name, Plan ID (691180), Loan ID, and indicate the payment is a payoff.

If your loan is not paid within 90 days, or if you take a full distribution (or are automatically distributed due to a vested balance under \$7,000) before the loan is repaid, the remaining loan balance will be offset and treated as a taxable distribution. A Form 1099-R will be issued in January of the year following the loan offset.

## Address Updates

Jones will need to communicate with you at least into the next year, and maybe for many years after.

In the event you relocate, please provide a current mailing address so that important payroll and benefits information (such as your W-2 for current year wages) can continue to be provided to you. In order to update your mailing address, please contact your company HR Liaison.

## Employee Assistance Program

You are eligible to utilize the services of the Employee Assistance Program (EAP) for up to 90 days after your date of separation. The EAP is an especially good resource during times of change, and can help with issues like money matters, stress, and relationships.

For additional information or assistance, please contact EAP at (888) 319-7819 or access their website at [one.telushealth.com](http://one.telushealth.com).

**User ID:** metlifeeap | **Password:** eap

# Health and Welfare Benefits

## Final Paycheck

You will be paid all final hours worked per the Payroll Calendar. It is imperative that your timesheet is submitted and approved prior to leaving Jones for the final paycheck to be correct. Managers should also correct any missing or unmatched punches. If eligible, you will receive APL/PTO payout on your final paycheck.

## Benefit Deductions

Exiting team members may also have Benefits deducted from their final paycheck. Please contact your HR liaison with any benefits questions (833.828.HRHR).

## Direct Deposit

Your direct deposit will continue for all final paychecks.

## Post-Employment Restrictions

Jones would like to remind you of your obligation to adhere to the terms outlined in any existing employment or severance agreement you may have entered into with Jones. If you need a copy of your individual employment agreement, then please reach out to your manager.

## Employment Verification

Should you need employment verification services following your departure from Jones, please contact your HR Liaison (**833.828.HRHR**).

## Health and Welfare Benefits

### 2026 COBRA Rates\*

UMR Medical Plan	Cost Per Month	MetLife Dental Plan	Cost Per Month	MetLife Vision Plan	Cost Per Month
Employee Only	\$663.61	Employee Only	\$36.82	Employee Only	\$5.62
Employee + Spouse	\$2,156.73	Employee + Spouse	\$69.71	Employee + Spouse	\$11.24
Employee + Child	\$1,659.02	Employee + Child	\$78.16	Employee + Child	\$12.01
Employee + Children	\$1,659.02	Employee + Children	\$78.16	Employee + Children	\$12.01
Spouse + Child	\$1,659.02	Spouse + Child	\$78.16	Spouse + Child	\$12.01
Spouse + Children	\$1,659.02	Spouse + Children	\$78.16	Spouse + Children	\$12.01
Spouse Only	\$663.61	Spouse Only	\$36.82	Spouse Only	\$5.62
Child Only	\$663.61	Child Only	\$36.82	Child Only	\$5.62
Family	\$2,488.53	Family	\$114.37	Family	\$18.81

\* Please note that a 2% administration fee will be added to COBRA rates

# Health and Welfare Benefits

## COBRA Alternatives

Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage is a short-term option that allows you to continue health insurance coverage after leaving a job — but it can be expensive. The good news is, there are alternatives. Transitions Benefit Group can assist with guiding you through these options and decisions. For more information, or to schedule a call with a licensed agent, please contact **1.800.936.1405** or visit [transitionsbrg.com](http://transitionsbrg.com).

*\*All plans may not be available in every state. Transitions is not endorsed by the U.S. Government or the federal Medicare program.*

## Health Insurance Marketplace

Provides various plans for individuals and families. Losing employer coverage grants you a Special Enrollment Period to enroll in a plan.

## Medicaid

Provides health coverage to low-income individuals. Losing employer coverage may make you eligible, and is based on income and other eligibility criteria in your state.

## Spouse's Employer Coverage

If your spouse or domestic partner has employer health insurance, you may be eligible to join their plan outside of the regular enrollment period.

## Individual Health Insurance

Consider individual health plans from insurance companies. These plans can provide coverage for your needs and are available at various price points.\*

The logo consists of the word "Jones" in a stylized, italicized red font. The "J" is particularly prominent, with a long, sweeping curve that extends downwards and to the right. The "o" is a simple circle, and the "n" and "e" are also in the same flowing, red, italicized script.

Jones

If you have any questions about the material presented, or if you have other questions regarding the exit process, please feel free to contact the Benefits and Administration Team at 833-828-HRHR.