

Full-Time Benefits Acknowledgement

I understand that under the Affordable Care Act (ACA), individuals are required to maintain health insurance coverage or pay a penalty for failing to maintain coverage. I understand I am eligible for health coverage through J.Crew Group, Inc. and it is my responsibility to thoroughly read the documents made available to me and take action to certify/re-certify my eligibility during current Open Enrollment for 2018 benefits. If I do not take action during Open Enrollment, my benefit choices currently in place for 2017, including any acknowledgements I have made (for example, a tobacco use affidavit, spousal coverage questionnaire, etc.) will automatically be applied (*except FSA and MetLaw, as I must elect these benefits annually*) for the 2018 plan year and my Form 1095-C benefit statement will reflect these choices. I understand changes or cancellation of coverage can only be made during the next annual Open Enrollment period for an effective date of January 1st or within 31 days of a qualifying life event (QLE).

I understand that in order to maintain my benefit eligibility next year and in subsequent years, I must work on average at least 30 hours per week (1,560 hours annually) as defined under ACA during J.Crew's standard 12 month "measurement period" which begins each October and ends the following October (*specific dates are determined by J.Crew*).

I understand that if I do enroll a new eligible dependent(s) under the plan during Open Enrollment, I must provide the required dependent document(s) as outlined in the QLE document by December 5, 2017 to Human Resources or my dependent(s) will be dropped from my plan with or without notice due to me not submitting the required documents timely.

I understand and agree that J.Crew Group, Inc. and its designated agents can contact me about my benefits at the numbers I've provided on file, including by use of an auto-dialer or pre-recorded message. I understand that I'm not obligated to consent to receive these communications as a condition of receiving benefits, however by not consenting I understand I will not receive information timely which may impact my enrollment deadline as required to enroll in a designated program. I understand that my electronic consent can be withdrawn at any time by a written request to Human Resources with my legal name, SAP # and effective date of the request to Human Resources to withdraw my consent to receive communications via my home/cell numbers.

I further consent to having official employee benefits plan documents, summaries of plan documents and other benefits-related documents and enrollment information provided to me electronically. I understand that I own a computer or other electronic device which is suitable to access and retain the documents provided to me electronically. If I do not have the ability to effectively access electronic documents at my work station, or if using J.Crew's electronic information system is not an integral part of the my job, I understand that I always have the right to request and obtain a paper version of any electronically delivered documents which will be provided to me free of charge. I understand I must provide a valid email address to Human Resources in order for the documents to be sent directly to me. Furthermore, I understand I can access and obtain these documents directly from myjcrewbenefits.com, password "benefits18") or J.Crew's Intranet sites and any other company designated postings.

Distribution Center / Call Center Associates

Email: dcbenefits@jcrew.com, local HR Drop Box or fax

Fax	Phone
Asheville: 828-687-6498	828-687-6441
Lynchburg: 434-385-5795	434-316-5864
San Antonio: 210-730-9152	210-730-9109

770 / 30-30 and Field Associates

Email: benefits@jcrew.com
Phone: 212-209-8622 / 800-435-4609
Fax: 212-209-6600