

### Full-Time Benefits Acknowledgement - 2019

I understand that I am eligible for health and welfare benefits through J.Crew Group, Inc. and acknowledge that I received the Benefits Guide, Marketplace Notice and other plan and enrollment information and it is my responsibility to thoroughly read the documents made available to me and to take action accordingly.

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

I understand I have 31 days from my coverage effective date to enroll in or waive coverage in the J.Crew Health Plan. I understand that if I do not enroll within the 31 day period, I will be covered under J.Crew's Automatic Benefits\* only (*basic life insurance, basic AD&D, Short-Term Disability and Basic Long-Term Disability*) in which J.Crew pays all premium costs and under which associates are automatically enrolled) and I will not be eligible to enroll in J.Crew's Elective Benefits\* (*an array of benefits options which require an associate's active enrollment to receive coverage*) until the next company open enrollment period unless I experience a qualifying life event (*such as: marriage, divorce, legal separation, death of spouse, birth or legal adoption of child, death of child, loss of coverage under another plan, etc.*) and my Form 1095-C benefit statement will be reflected accordingly. Furthermore, I understand that J.Crew will accept and process coverages that I am eligible for under Elective Benefits as "waived" due to me not submitting my documents within 31 days from my coverage effective date. I understand changes or cancellation of coverage can only be made during the next annual Open Enrollment period for an effective date of January 1<sup>st</sup> or within 31 days of a qualifying life event (QLE).

I understand that if I enroll any dependents, I must provide the required dependent document(s) as outlined in the QLE document to Human Resources or my dependent(s) will not be provided coverage. I further understand that, if I cover a domestic partner or child of a domestic partner, due to IRS regulations, I must pay taxes on any amount that J. Crew's contributes towards the portion of the medical, dental and vision benefits I receive for my domestic partner and any children of my domestic partner that I cover. Additionally, the payroll deductions which are made throughout the year which pay my share of the premiums for domestic partner coverage will be deducted from my pay on a pre-tax basis, but will be included as imputed income at year end to be reflected on my W-2.

I understand that if I enroll in the Consumer Choice Plan, I must open my Health Savings Account ("HSA") bank account and successfully complete the Customer Identification Program ("CIP") process in order to receive any HSA contributions. If I do not open my HSA bank account and successfully complete the CIP process within 90 days from my eligibility date, I will forfeit all J.Crew contributions until the date my HSA bank account is opened and the CIP process complete. As J.Crew's HSA contributions are funded on a going forward basis only, any missed contributions will not be retro funded to my HSA account as contributions. Further, if I open my account and successfully complete the CIP process by November 30, 2019, the full amount that I elected to contribute to the HSA will be deducted from my pay to the extent possible (i.e., a retro funding will apply with respect to my contributions); however, if I do not open my HSA bank account and/or complete the CIP process by November 30, 2019, my pre-tax HSA contribution election will be cancelled, and any contributions which have been deducted from my pay will be returned to me as additional taxable income.

I understand that employee benefit plan documents, summary plan descriptions and other benefits-related documents and enrollment information are provided electronically. I understand that I must provide a valid email address to Human Resources in order for the documents to be sent directly to me via email. I further understand I can access and obtain these documents directly from [myjcrewbenefits.com](http://myjcrewbenefits.com), password "benefits19" or J.Crew's Intranet sites and any other company designated postings. 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 consent to receiving communications about my benefits from J.Crew Group, Inc. and its designated agents at the phone numbers I've provided, including by use of an auto-dialer or pre-recorded message. I understand that I'm not obligated to consent to receiving these communications via my home/cell phone numbers 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 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.

## HUMAN RESOURCES

### Distribution Center / Call Center Associates

Email: [dcbenefits@jcrew.com](mailto:dcbenefits@jcrew.com), local HR Drop Box or fax

	Fax	Phone
Asheville:	828-687-6498	828-687-6441
Lynchburg/TX:	434-385-5795	434-316-5823

### Home Offices / Field Associates

Email: [benefits@jcrew.com](mailto:benefits@jcrew.com)

212-209-6600	212-209-8622 800-435-4609
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## OVERVIEW OF BENEFITS FOR REGULAR FULL-TIME ASSOCIATES

J.Crew benefit plans are compliant with Affordable Care Act (ACA) requirements where necessary.

AUTOMATIC BENEFITS	ELECTIVE BENEFITS
<i>You are automatically enrolled in the following benefits:</i>	<i>You must actively enroll to receive coverage for the following benefits:</i>
<ul style="list-style-type: none"> <li>Basic Life Insurance</li> <li>Basic Accidental Death and Dismemberment (AD&amp;D) Insurance</li> <li>Short-Term Disability (STD) Insurance</li> <li>Basic Long-Term Disability (LTD) Insurance</li> </ul>	<ul style="list-style-type: none"> <li>Medical Plan/Prescription Benefits</li> <li>Health Savings Account (HSA)</li> <li>Dental Plan</li> <li>Vision Plan</li> <li>Critical Illness Insurance</li> <li>Accident Insurance</li> <li>Hospital Indemnity Insurance</li> <li>Health Care/Dependent Care Flexible Spending Accounts (FSAs)</li> <li>Supplemental Long-Term Disability (LTD) Insurance</li> <li>Supplemental Life Insurance</li> <li>Dependent Life Insurance (child/spouse/domestic partner)</li> <li>MetLaw (Hyatt Legal Plan)</li> <li>Auto and Home Insurance</li> <li>Identity Theft Protection</li> </ul>
<i>These benefits are paid in full by J.Crew.</i>	<i>The costs for some of these programs are shared between you and J.Crew. Your portion of the costs will be deducted through automatic payroll deductions.</i>

Refer to the Benefits Guide and plan summaries for plan details, eligibility rules, etc.