

Full-Time Benefits Acknowledgement - 2018

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 acknowledge that I received the Benefits Guide and Marketplace Notice and understand that I am eligible for health through J.Crew Group, Inc. and it is my responsibility to thoroughly read the documents made available to me. 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 and provide applicable dependent documents to Human Resources within the 31 day period, I will be covered under J.Crew's Automatic Benefits* only (*life insurance, AD&D and disability plans 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 that in order to maintain my benefit eligibility next year and in subsequent years, I must work an average of at least 30 hours per week (1,560 hours annually) as defined under ACA during J.Crew's "measurement period". In my first year of work, I understand that hours are measured from the first day of employment until the first year anniversary of my employment commencement date. Subsequent measurement periods applicable to me will be 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 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 www.myjcrewbenefits.com, password "benefits18") or J.Crew's Intranet sites and any other company designated postings.

I 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 to receive communication via my home/cell numbers 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, 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 |

Field / 770 & 30-30 Associates
 Email: benefits@jcrew.com
 Phone: 212-209-8622 / 800-435-4609
 Fax: 212-209-6600

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"> • <i>Basic Life Insurance</i> • <i>Basic Accidental Death and Dismemberment (AD&D) Insurance</i> • <i>Short-Term Disability (STD) Insurance</i> • <i>Basic Long-Term Disability (LTD) Insurance</i> | <ul style="list-style-type: none"> • <i>Medical Plan</i> • <i>Health Savings Account (HSA)</i> • <i>Dental Plan</i> • <i>Vision Plan</i> • <i>Critical Illness Insurance</i> • <i>Accident Insurance</i> • <i>Hospital Indemnity Insurance</i> • <i>Health Care and Dependent Care Flexible Spending Accounts (FSAs)</i> • <i>Supplemental LTD Insurance</i> • <i>Supplemental Life Insurance</i> • <i>Dependent Life Insurance (child/spouse)</i> • <i>MetLaw (Hyatt Legal Plan)</i> • <i>Identity Theft</i> |
| <i>These benefits are paid in full by J.Crew.</i> | <i>The cost of coverage for the benefits you choose will be paid through automatic payroll deductions.</i> |

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