

2027 Open Enrollment

October 19 – November 2, 2026

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What's Changing, General Enrollment & Cost Saving Tips

What's changing for 2027?

- Medical plan costs are increasing. Your per paycheck deduction will go up in 2027.
- New identity and fraud protection program through MetLife and Aura. MetLife + Aura Identity & Fraud Protection helps safeguard your finances and personal information and prevent scams and cybercrimes through monitoring and recovery services. This program will replace the Allstate policy offered today. Employees currently enrolled in the Allstate policy will have their coverage transferred to the new MetLife + Aura program effective January 1, 2027. Employees will not have to do anything unless they want to choose a higher level of coverage.
- The Health Savings Account (HSA), Flexible Spending Accounts (FSA), and Commuter limits are increasing.
 - HSA
 - \$4,500 for single coverage
 - \$9,000 for family coverage
 - Healthcare FSA / Limited Purpose Healthcare FSA
 - \$3,400
 - Dependent Care FSA (no change for 2027)
 - \$7,500 filing taxes jointly (\$3,750 filing separately)
 - Commuter
 - Mass Transit & Parking – \$340 per month

New benefits that were implemented at the end of 2026 include:

- New Cancer Care Support program. Effective October 1, 2026, Jabil medical plans include a cancer support program to help employees and families navigate a cancer diagnosis and subsequent treatments. Transform Oncology Care is administered by Aetna.
- Also available October 1, 2026, Jabil medical plans will no longer have age requirements or frequency limits for preventive colonoscopies. This means concerns for younger employees and covered dependents can be identified sooner.

Information on these plans and programs can be found in the Jabil Benefits & Wellbeing Guide (<https://jabilbenefitsguide.com/>).

Where can I get answers to my benefit questions?

For questions about:

- Healthcare benefits
 - Aetna Member Services: 833-361-0224
 - [Jabil Benefits Service Center](https://jabilbenefits.bswift.com/) (<https://jabilbenefits.bswift.com/>): 877-525-2363 (8 a.m. – 8 p.m. ET, Monday – Friday)
- Other benefits
 - Jabil Benefits Service Center: 877-525-2363

How do I log in to the Jabil Benefits Service Center?

- At work — use your OKTA sign-on and look for the bswift tile and click it for direct access to the Jabil Benefits Service Center.
- Traveling or at home — go to jabilbenefits.bswift.com (<https://jabilbenefits.bswift.com>) and login using the on-screen instructions.

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- bswift Mobile App – download in the App Store or in Google Play.
- For technical difficulties, please contact the Jabil Benefits Service Center (number listed above).

What's my password to log into bswift?

- For first time access:
 - Username: Your employee ID (Example – 123456)
 - Password: The last four digits of your Social Security Number
- For current users:
 - Username: Your employee ID (Example – 123456)
 - Password: Previously established. If you have forgot your password, click on the “Forgot Password?” link to reset it or contact bswift at 877-525-2363, 8 a.m. – 8 p.m. ET, Monday – Friday.

If I am traveling outside the U.S. during Open Enrollment, how do I enroll or make changes?

Use the same information listed above or call Internationally 872-299-9719.

Where can I view the Open Enrollment presentation?

The presentation is available on the [Aetna Microsite](https://www.aetnaresource.com/n/Jabil) (<https://www.aetnaresource.com/n/Jabil>), on the Jabil Benefits & Wellbeing Guide (<https://jabilbenefitsguide.com/>), and JabilWeb. Also available through your local HR representative.

What happens if I don't enroll?

Your current benefit elections will carry over to 2027, at 2027 rates, except for FSAs (Healthcare, Limited Purpose Healthcare, Dependent Care, and Commuter) and HSAs. You can start, stop, or change HSA and Commuter Benefit contributions anytime. But, other than that, you can't make changes during the year unless you have a Qualifying Life Event (QLE). Please refer to the [Life Events](#) section of the Jabil Benefits & Wellbeing Guide.

Every year, FSAs and Commuter Benefits require you to enroll, and HSAs require you to elect new annual contribution amounts. These elections will have * **Selection Required** noted on the Jabil Benefits Service Center.

What benefits are required elections?

Every year, FSAs and Commuter Benefits require you to enroll, and HSAs require you to elect new annual contribution amounts. These plans will have * **Selection Required** noted on the Jabil Benefits Service Center.

- Health Savings Account (HSA – if enrolled in the Healthy Plus Medical Plan)
- Healthcare FSA
- Limited Purpose Healthcare FSA (if enrolled in the Healthy Plus with HSA Medical Plan)
- Dependent Care FSA (daycare expenses for children under 13 or elder care – NOT medical expenses)
- Mass Transit (Commuter Benefit)
- Parking (Commuter Benefit)

Do I need to enroll during the 2027 Open Enrollment if my benefits are effective in November or December of 2026?

Yes. If your benefits are effective in November or December of 2026, you must enroll for the 2026 plan year benefits AND for the 2027 plan year's benefits, including electing FSA, Commuter, and/or HSA contribution amounts, if applicable. FSA, Commuter, and HSA contributions do not carry over from year to year.

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I am on a leave of absence; do I need to participate in Open Enrollment?

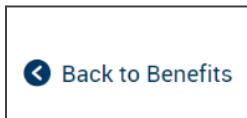
Yes, you have the same enrollment window. Your elections for 2027 must be completed by November 2, 2026.

How do I update my personal information – name, address, phone number, email address?

All personal information must be updated on Workday. Once you have updated information in Workday, it is recommended to check your information in bswift 48 hours after updating. Be sure to check your communication preferences in bswift and opt in for text messaging so you don't miss important benefits information.

How do I navigate back in the Benefits Service Center portal?

Do not use the browser's back arrow. Use the Back to Benefits navigation button.



How will I know I have completed my enrollment?

You have completed your enrollment once you have reviewed all your selections and have agreed to the acknowledgement below. In addition, you will have the option to view, print, and email your confirmation statement.

Once You've Reviewed All Your Selections:

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

☒ I agree, and I'm finished with my enrollment

In addition, once your enrollment is complete, you'll get an email confirming your elections were successfully submitted. Watch for a confirmation statement in the mail in late November.

How do I update my beneficiary information?

- Life insurance beneficiary designations are made on bswift.
- HSA beneficiary designations are made on WEX.
- Beneficiary designations for the 401(k) Retirement Plan are made on Merrill, or you can call 800-228-4015.
 - International beneficiaries will require a paper form obtained from Merrill.
- Voluntary benefits are made on MetLife.

What can I do to keep my costs down?

Medical costs continue to be a challenge for all of us, but Jabil is committed to offering you the best benefits experience possible. Jabil also provides ways to help you pay for your benefits. You can help keep your costs down when you:

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- Choose the right medical plan for you.
 - Healthcare needs tend to change over time; the medical plan you choose is an important decision each year.
 - Take time to learn more about your choices – how they work and features unique to each option – before making a choice. That way, you will choose the plan that best fits your individual healthcare needs and budget. Learn more about Aetna and programs by visiting the [Aetna Microsite \(https://www.aetnaresource.com/n/Jabil\)](https://www.aetnaresource.com/n/Jabil).
 - Use the Emma tool on the Jabil Benefits Service Center – [jabilbenefits.bswift.com \(https://jabilbenefits.bswift.com\)](https://jabilbenefits.bswift.com) to help you identify which plan might be right for you. Emma is designed to evaluate your needs and situation to provide a comparison of costs for each plan, including what you will pay from your paycheck.
 - If you choose Healthy Plus with HSA or Healthy Premier with HRA, Jabil contributes to each plan's respective account (HSA or HRA).
- Earn wellness incentives. Earn up to \$250 when you complete:
 - An online Health Assessment through [Asset Health \(https://assethealth.com/jabil\)](https://assethealth.com/jabil) (\$125).
 - An Annual Physical/Health Screening through your doctor (\$125) (form can be found on the Jabil Benefits & Wellbeing Guide).
 - Plus earn up to \$250 more if your spouse is covered by a Jabil medical plan and completes the same activities.
- Get your preventive care. Once you choose a medical plan, take advantage of all its features, including preventive care, which can help identify medical issues early and before they become more costly to treat. In-network preventive care is 100% covered by Jabil medical plans, if coded as preventive and meets Aetna guidelines.
- Receive incentives under the Voluntary plans. If you are enrolled in Accident, Critical Illness, and/or Hospital Indemnity Insurance coverage, you can earn \$50 per enrolled plan for completing a [health screening](#) or other tests. This benefits is available to everyone enrolled – you, your spouse, and dependent children.
- Use Health Advocate. Get guidance navigating the healthcare system, making informed decisions, even finding lower cost services. Call 866-695-8622 or go to [HealthAdvocate \(https://healthadvocate.com/jabil\)](https://healthadvocate.com/jabil). First time user registration code: U7LMHQQ, Organization: Jabil Inc.
- Use [Resources for Living \(https://www.resourcesforliving.com/\)](https://www.resourcesforliving.com/): You and your family members get free confidential access to professional counseling together with work/life support, including advice for financial and legal issues, family and relationships, and more. The dedicated Resources for Living team will answer your calls 24/7. You are eligible for up to **8 free, confidential counseling visits per topic a year**. And because Resources for Living is part of Aetna, they will seamlessly refer you to resources under your Jabil medical plan when you need them too.

Can you elect dental and vision without medical insurance?

Yes, and you can cover different dependents under each plan.

I am currently covered under my spouse's health insurance, but we will be losing that coverage effective January 1, 2027. Can I enroll in Jabil insurance at that time?

Yes, losing coverage is a Qualifying Life Event (QLE). You will have 30 days from the date you lose coverage to elect coverage through Jabil. Please refer to the Life Events section of the Jabil Benefits & Wellbeing Guide – <https://jabilbenefitsguide.com/qualifying-life-events/>. Under Resources, you will find How to Make Benefit Changes.

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I am transitioning off Tricare in May, should I enroll in Jabil coverage now during Open Enrollment?

No. Losing coverage is a Qualifying Life Event (QLE). To avoid a gap in coverage, you should apply for the Jabil benefits at the time you lose coverage. You will have 30 days from the date you lose coverage to elect coverage through Jabil. Please refer to the Life Events section of the Jabil Benefits & Wellbeing Guide – <https://jabilbenefitsguide.com/qualifying-life-events/>. Under Resources, you will find How to Make Benefit Changes.

Medical Benefits

Are my medical plan options changing for 2027?

No. You will continue to have the same three medical plan choices for 2027:

- Base PPO,
- Healthy Premier with HRA, and
- Healthy Plus with HSA.

But, with healthcare costs continuing to rise, you will see an increase in your cost for coverage. To learn more about your medical plan options and 2027 rates, read What's New for 2027 in the Jabil Benefits & Wellbeing Guide.

How can I learn more about my medical plan choices?

See the Medical and Prescription Drug page on the [Jabil Benefits & Wellbeing Guide](https://jabilbenefitsguide.com/) (<https://jabilbenefitsguide.com/>).

Where can I get help choosing the right plan for my situation?

Emma, bswift's virtual assistant, asks a few simple questions, and then suggests medical plan options — along with their costs— based on what you tell her.

To learn more about Healthy Plus with HSA, check out the learning map available on the [Jabil Benefits & Wellbeing Guide](https://jabilbenefitsguide.com/) (<https://jabilbenefitsguide.com/>).

Also, review [why 3 employees like you](#) chose the plan they enrolled in.

I'm enrolling in the medical plan for the first time during Open Enrollment, when will Aetna receive my enrollment and can confirm coverage?

New enrollments will be sent over to Aetna in December 2026, and coverage will be active January 1, 2027.

When will I receive new medical ID cards?

Unless you make a change to your medical coverage, new medical cards will not be issued for 2027. Please keep your current card to use in 2027. If you need a replacement card, you can gain easy access to your ID card anytime by downloading the Aetna Health app. You can also log in to your member website to print an ID card or request a new one be mailed to you – <https://aetna.com/>.

Do the medical plans have different networks of providers?

No. All three plans use the same network.

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Is "deductible" referring to the "out-of-pocket max"?

No. The deductible is the amount you would pay prior to insurance contributing. See the [Jabil Benefits & Wellbeing Guide](https://jabilbenefitsguide.com/) (<https://jabilbenefitsguide.com/>) for the medical plan grid outline.

Does Jabil offer Reproductive Benefits (IVF)?

IVF or ART is not covered. Basic infertility is covered for diagnosis and treatment of underlying medical condition and includes artificial insemination and ovulation induction.

Which plan provides Basic infertility coverage?

The three plans have the same benefit coverage. The cost members pay is different (deductible, coinsurance, out of pocket max, and copays).

Can I only get a 90-day prescription through mail-order?

No, you can fill a 90-day prescription at a CVS retail pharmacy and pay the same as you would with a mail-order prescription.

Dental Benefits

Is orthodontia covered for adults?

Yes, adults and children are covered at 50% with a lifetime maximum of \$1,500 per person.

If I currently have braces or Invisalign paid with my current employer's plan, will that be covered with the Aetna Dental plan?

Dental care you are receiving before you enroll in the plan is not covered. Limitations, waiting periods, and exclusions may apply for certain other services. Contact Aetna directly for further review of your covered services.

Is the \$2,000 per year cap under the Dental plan per covered family member?

Yes, it's per participant. You can increase the \$2,000 cap by \$100 each year for 3 years by completing your annual cleaning. If you don't have your annual cleaning, you will lose any \$100 you may have gained. Your cleaning must be coded as a "preventive cleaning." See more on the [Jabil Benefits & Wellbeing Guide / Dental Benefits](https://jabilbenefitsguide.com/dental/) (<https://jabilbenefitsguide.com/dental/>).

Under the Dental plan, are the cleanings based on a rolling calendar year?

No. It is 2 per calendar year at any time and resets on January 1. The cleanings do not need to be 6 months apart.

Vision Benefits

Under the Vision plan, are frames once every 2 years based on a rolling calendar year?

No. Vision benefits run on a calendar year, and it does not have to be an exact 24 months or from the date of service. For example, if you purchase frames on 2/1/2025, you can purchase them again on 1/10/2027. Find out more about the vision plans in the [Jabil Benefits & Wellbeing Guide / Vision Plans](https://jabilbenefitsguide.com/vision/) (<https://jabilbenefitsguide.com/vision/>).

Dependents and Dependent Verification

Who can I cover as a dependent under my benefit plans?

You can enroll the following family members as dependents under the medical, dental and/or vision plans:

- Your spouse (opposite or same-sex spouse);
- Your dependent child(ren) through the end of the month in which they turn 26;
 - Your child(ren) include:
 - Your natural child(ren);
 - Your stepchild(ren);
 - Your legally adopted child(ren);
 - Child(ren) placed with you during the adoption period or child(ren) not placed with you during the adoption period but for whom you have assumed legal obligation to support; and
 - Children for whom the medical plan must provide coverage under a Qualified Medical Child Support Order.

May I add dependents to my coverage during Open Enrollment?

Yes, dependents may be added. For medical and dental coverage, you will need to provide documentation within 30 days of enrollment to verify your dependents. See the chart below for additional details.

For dependents under 26, does it matter if the home address is different than mine?

You can cover dependents who do not live at the same address, but a U.S. address is required. When enrolling, the site allows you to enter an alternate address for dependents. All newly added dependents must go through the dependent verification process.

How long can I continue to cover my dependent child(ren) under my medical, dental, and/or vision benefits?

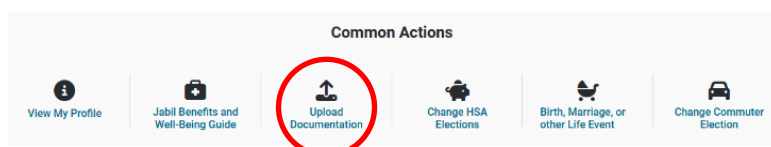
Coverage for dependent child(ren) automatically ends at the end of the month they turn age 26 unless they are disabled. Dependents who age off the plan will be offered COBRA to continue coverage when they turn 26.

Why do I need to provide documentation to verify my dependents?

Documentation is needed to verify your dependents to prove they meet the definition of a dependent under the plan. This verification is required if electing coverage under the medical and/or dental plans. You have 30 days from enrollment to provide documentation, or your dependents will not have coverage.

To whom do I submit my dependent verification documents?

Upload your documents to the Jabil Benefits Service Center. Log on by visiting jabilbenefits.bswift.com (<https://jabilbenefits.bswift.com/>). Once logged in, click on the Upload Documentation link under the Common Actions section of the Home Page. Documents may be reviewed by AI. Be sure to select the correct type of document you are uploading and that your document is labeled so it can be correctly identified.



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What documents are acceptable for dependent verification?

Dependent	Documentation Options to Verify Dependent	
Spouse	Date of marriage less than 12 months	Submit a copy of one of the following: • Government-Issued Marriage Certificate, or • Most recent federal tax return with both your name and your spouse's name, or • I-94 form plus a Government-Issued Marriage Certificate.
	Date of marriage greater than 12 months	Submit a copy of one of the following combinations: • Most recent federal tax return with both your name and your spouse's name and proof of joint ownership dated within the last six months (ex. Bank/Credit Card Statement; Lease/Mortgage Statement; Utility Bill), or • Government-Issued Marriage Certificate and proof of joint ownership dated within the last six months (ex. Bank/Credit Card Statement; Lease/Mortgage Statement; Utility Bill), or • I-94 form plus a Government-Issued Marriage Certificate.
Child(ren)	Submit a copy of one of the following: • Most recent federal tax return with your child's name • Government-Issued Birth Certificate • Hospital Birth Record (if the date of birth is within 90 days of your child's coverage effective date) • Adoption Certificate/Placement Agreement • Document of Legal Guardianship/Custody Document must list you and/or your verified spouse as the parent(s).	
Stepchild(ren)	Submit a copy of both of the following: • Government-Issued Marriage Certificate • Government-Issued Birth Certificate Document must list you and/or your verified spouse as the parent(s).	

If I have already verified my dependents, do I need to do it again?

No. if your dependents have already been verified, you do not need to do it again.

What happens if I don't complete the verification process or fail verification?

Your dependents will not have coverage January 1, 2027, if you do not complete or fail the dependent verification process. Bswift will send you a notification reminder and a notice of failure if you do not complete. Remember to check your email for these notices.

Health Savings and Flexible Spending Accounts

Can I contribute to the Healthcare FSA if I am enrolled in the Healthy Plus medical plan?

No, but you can contribute to the Limited Purpose Healthcare FSA. This plan works much like the Healthcare FSA except funds contributed can only be used for eligible dental and vision expenses. Eligible medical expenses would only be covered by dollars you decide to put into the Health Savings Account (HSA).

What can the Healthcare FSA funds be used on?

You can use the Healthcare FSA funds on qualified medical, dental, vision, and prescription drug expenses (unless you have the Limited Purpose FSA, which is only for eligible dental and vision expenses). See the [FSA store \(https://fsastore.com/\)](https://fsastore.com/) for more information.

What happens if I do not want to contribute to the HSA?

You do not have to contribute to the HSA; however, if you “waive” the HSA account instead of setting your contribution to \$0.00, you will also “waive” the Jabil employer contribution and any wellness incentives.

Can I transfer an already existing HSA into my WEX HSA?

Yes. Refer to the Jabil Benefits FAQs located on the Jabil Benefits & Wellbeing Guide under Resources – <https://jabilbenefitsguide.com/new-hire/> – for more information.

With the HSA, will your yearly physical be 100% paid by the Jabil medical plan? Blood work also?

Preventive care completed by an in-network provider is covered at 100% under all three plans. See additional information surrounding preventive care at no extra cost on the Aetna Microsite – <https://www.aetnaresource.com/n/Jabil>.

Not all blood work is considered preventive. See the guide on Aetna Microsite – <https://www.aetnaresource.com/n/Jabil>.

The preventive health screenings are based on the recommendations of the U.S. Preventive Services Task Force (USPTF). Available at: <https://www.uspreventiveservicestaskforce.org/uspstf/>.

What can the HSA funds be used on?

You can use the HSA funds on qualified medical, dental, vision, and prescription drug expenses. See the [HSA Store \(https://hsastore.com/\)](https://hsastore.com/).

If I have the HSA and a Limited Purpose FSA, will WEX apply my dental and vision expenses to the Limited Purpose FSA first?

If coded correctly by the provider and the expenses are eligible under the Limited Purpose FSA (dental and vision expenses) they will apply to the Limited Purpose FSA first. If WEX does apply it to the HSA first, you can contact WEX for a correction (866-451-3399 or [WEX Customer Service - https://wexhealthinc.my.site.com/WEXbenefitscontactus/s/](https://wexhealthinc.my.site.com/WEXbenefitscontactus/s/)). Medical expenses will be applied to the HSA.

If I choose not to contribute to the HSA will Jabil still contribute their portion to the HSA account?

You are still eligible to receive the employer contribution to the HSA; however, you must still enroll in the HSA. This means that when you enroll, you should elect to contribute \$0.00, instead of electing to waive the HSA. This ensures your HSA is established, which allows you to receive the employer contribution.

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Is the HSA a "use it or lose it" account?

No, it is yours to keep even if you leave Jabil.

Why is the HSA not offered with all health insurance options?

The IRS sets strict rules about which health plans qualify for HSA eligibility. Only High Deductible Health Plans (HDHPs) – plans with higher deductibles and lower premiums – meet the criteria.

Why does the bswift enrollment page list a maximum dollar amount less than what I am allowed to contribute for the HSA?

The bswift site takes into account the Jabil contribution to help prevent you from going over the IRS limit. And, if you are age 55 and over and eligible for the catch-up contribution, bswift will include that amount in your maximum.

I had an HSA with WEX but went to another Jabil medical plan. If I decide to reenroll, will I need to open a new HSA account?

No. WEX will reopen your prior account, but you may have to verify your identity again like you would with any banking account.

Does the HSA have an investment option?

Yes, once your balance reaches \$1,000, you may invest in a choice of investment options through Healthcare Bank. More information about these options can be found when you log into your [WEX](https://benefitslogin.wexhealth.com/) (<https://benefitslogin.wexhealth.com/>) account.

If I am on leave of absence January 1, 2027, and I've enrolled in the HSA, when will I receive the employer contribution?

The employer contribution will be made with the first bi-weekly pay of the year.

Can I still contribute to my HSA if I enroll in Medicare?

No. Six months before you enroll in Medicare, stop making contributions to your HSA or you may pay a tax penalty.

How much does Jabil contribute to the HRA?

If you're enrolled in the [Healthy Premier medical plan](https://jabilbenefitsguide.com/medical/) (<https://jabilbenefitsguide.com/medical/>), you get a Health Reimbursement Account (HRA), funded by Jabil, to pay for a portion of your eligible healthcare expenses. Each year Jabil contributes \$300 for single coverage or \$600 for any level of family coverage. Unlike other accounts, you don't contribute your own money to an HRA.

Any [wellness incentives](https://jabilbenefitsguide.com/asset-health/) (<https://jabilbenefitsguide.com/asset-health/>) you earn are also added to your HRA. Any HRA money you don't use by year-end rolls over if you stay in the Healthy Premier medical plan.

Because your HRA is managed by Aetna, the first dollars you spend on eligible medical and prescription drug expenses from your HRA are applied toward your annual deductible.

Can an individual have an HRA and the Healthcare FSA?

Yes.

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What is the difference between an HRA and an HSA?

An HSA is an employee-owned banking account that you and Jabil can contribute to. It is always yours to keep. An HRA is employer-owned and funded. You cannot contribute to an HRA, and should you change medical plans, any HRA funds not used are lost.

When will I receive my WEX benefits card?

Your WEX Benefits Card will be mailed to your home address (on file in Workday) within 14 days of your enrollment date. Cards have an expiration date located on the front of the card. A new card will be automatically mailed to you before the card expires.

Does the Commuter benefit cover electric vehicle fees?

The expense itself must be related to the purpose of parking for going to work. If the parking station serves as a place to park while at work, then the parking fee could be considered eligible. If the parking fee is simply an additional expense in relation to charging the vehicle, then it would not be eligible. Contact WEX for more information

Can Mass Transit and Parking balances carry over to the next year?

Yes.

Life and AD&D Insurance

Will I need to complete a SOH (Statement of Health) for increases to my life insurance made during Open Enrollment?

Yes, any increases to your life insurance or your spouse's life insurance will require a SOH.

If I decline Supplemental Life coverage as a new hire but elect it during Open Enrollment, will I be subject to a SOH?

Yes, if you decline Supplemental Life coverage as a new hire and decide to elect it during Open Enrollment, you will be required to complete a SOH. Coverage does not go into effect until the SOH is approved.

What is a Statement of Health (SOH)?

A SOH is a form asking questions about your medical history. MetLife will use this form to determine if your increase in life insurance is approved or denied.

Does the SOH require a doctor's visit?

Not typically; however, based on your SOH, you may be asked to complete a Physicians Statement (APS) form or a paramedical exam.

What is a paramedical exam and why would one be needed?

A paramedical exam is a physical exam, arranged by MetLife and performed by a medical professional, which includes taking blood samples and urine samples. It takes approximately 30 minutes, they will come to you, and there is no cost to you.

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Will there be any age reductions to my life insurance as I age?

Yes, on or after turning 65, the amounts of your Life Insurance will be determined by applying a percentage from the below table to your amount of life insurance. Your Basic Life and AD&D Insurance will decrease based on the amount in effect on the day before your birthday, while your Supplemental Life Insurance will decrease based on the amount in effect on the January 1 following the date you turn 65, 70, and 75.

- Age 65 but less than 70, your benefit reduces to 65%.
- Age 70 but less than 75, your benefit reduces to 45%.
- Age 75 or older, your benefit reduces to 25%.

Once your benefit is reduced, you can convert it to an individual policy without providing a Statement of Health. Your spouse's life insurance will also decrease when they turn 65 using the same table above.

Is the Will preparation and Estate planning free if you have supplemental life?

Yes. Supplemental Life coverage comes with FREE [estate planning services](https://jabilbenefitsguide.com/wp-content/uploads/MetLife-Hyatt-Legal-Plans.pdf) (<https://jabilbenefitsguide.com/wp-content/uploads/MetLife-Hyatt-Legal-Plans.pdf>). Get professional help with your estate planning, including will preparation, and beneficiary designation guidance.

At what age does my dependent child life insurance end?

Coverage for a dependent child ends on the day your child turns 26.

Voluntary Policies

What does the MetLife Legal plan cover?

MetLife's [Legal Services](https://www.metlife.com/info/jabil/legal-plans/) (<https://www.metlife.com/info/jabil/legal-plans/>) plan gives you access to a network of attorneys who can help with a wide range of legal services including:

- Money matters
- Home and real estate issues and transactions
- Wills and estate planning
- [Traffic violations](https://jabilbenefitsguide.com/wp-content/uploads/MetLife-Legal-Traffic.pdf) (<https://jabilbenefitsguide.com/wp-content/uploads/MetLife-Legal-Traffic.pdf>) and other driving matters
- Adoption and family law
- Elder care issues
- Guidance on immigration matters

Refer to the Jabil Benefits & Wellbeing Guide for more information – <https://jabilbenefitsguide.com/voluntary-policies/#legal-services>.

Can I only enroll in Pet Insurance as a New Hire or During Open Enrollment?

You can enroll in Pet Insurance at any time during the year.

Asset Health

Is the Wellness Program through Asset Health available to all Jabil Employees?

All employees (except contingent workers) and their dependents are eligible for the wellness program offered through Asset Health. There are many online tools and resources to support your physical, financial, social, and emotional wellbeing. Employees and spouses enrolled in a Jabil medical plan can take part in the incentive portion of the wellness program.

What are the Wellness Incentives earned through Asset Health?

If enrolled in the Jabil medical plans, you are eligible to earn \$125 for completing the online health assessment through [Asset Health](https://asethhealth.com/jabil) (<https://asethhealth.com/jabil>) and \$125 for submitting your annual health screening (physical) from your doctor. In addition, your enrolled spouse can receive \$125 for completing the same activities.

Where your incentives go depends on your medical plan:

- If enrolled in the Base PPO plan, you will receive cash paid out in your paycheck (the amount you earn is taxable.)
- If enrolled in the Healthy Premier plan, your incentive is deposited into your Health Reimbursement Account (HRA).
- If enrolled in the Healthy Plus plan, your incentive is deposited into your Health Savings Account (HSA).

You will typically receive your incentives within a month of earning the incentive, as administratively feasible.

What document do I need to submit to Asset Health for my annual physical incentive and how do I submit it?

Have your doctor complete the Annual Physical Health Screening form and log into [Asset Health](https://asethhealth.com/jabil) (<https://asethhealth.com/jabil>) to upload the form. This form can be found on the [Jabil Benefits & Wellbeing Guide](https://jabilbenefitsguide.com/) (<https://jabilbenefitsguide.com/>).

Am I eligible to receive the Asset Health incentive if my benefits start November 1?

No, if your benefits start on or after November 1, you are ineligible to earn wellness incentives until the following plan year.

If my annual physical is during November or December, can it apply to the Wellness incentive for the next year?

Yes. Have your doctor complete the Annual Physical Health Screening form and submit it to Asset Health in January of the following year.

Does it matter if my annual physical is under a different insurance plan to receive the incentive?

To be eligible for the wellness incentive you must be covered under a Jabil medical plan.

How does my spouse log into Asset Health?

The same instructions for logging in apply for both employees and spouses:

Login Information

Username: first initial + last name + last four digits of SSN (Name is the same as what is used in Workday)

Password: date of birth (mmddyyyy)

First-time users: You will be asked to change your username and password after logging in.

Questions? Contact us at support@asethhealth.com or 855-444-1255.

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Resources for Living – Employee Assistance Program (EAP)

Is Aetna's Resources for Living available to all Jabil employees?

All employees (except contingent workers) and their family members living in their household are eligible. Children living away from home can also use Resources for Living, up to age 26.

How many mental health visits are available through Resources for Living?

Employees can receive up to 8 free mental health visits per topic through [Resources for Living](http://www.resourcesforliving.com/) (<http://www.resourcesforliving.com/>). Resources for Living can also help find a provider in the Aetna network if more visits are needed.

- Username: Jabil
- Password: EAP

Aetna Resources for Living (EAP) offers free legal resources. Does that mean we don't need to pay for extra legal services that's offered?

The legal services are different. Under the legal plan provided by MetLife, you will receive a greater benefit. You will want to compare the 2 to see which meets your needs. Refer to the Voluntary Policies section of the Jabil Benefits & Wellbeing Guide – <https://jabilbenefitsguide.com/voluntary-policies/> – Legal Services.

Medicare

I am reaching age 65, where can I learn more about Medicare and how it works with my Jabil benefits?

For complete information about Medicare coverage, costs, enrollment, deadlines, and more, visit [Medicare.gov](https://www.medicare.gov/) (<https://www.medicare.gov/>). In addition, you can use Aetna Medicare Friends and Family which provides added resources. Contact a licensed professional at 844-619-9899 or go online to check out the resources – [Aetna Medicare Friends and Family](https://www.aetna.com/medicare/understanding-medicare/medicare-for-loved-one.html) (<https://www.aetna.com/medicare/understanding-medicare/medicare-for-loved-one.html>).

What is the enrollment period for Medicare coverage?

You must enroll on time to avoid penalties or denied coverage.

- There is a 7-month period to sign up: three months before your 65th birthday month, your birthday month, and three months after your birthday month.
- To make sure you have Medicare coverage when you turn 65, sign up during the 3 months before you turn 65.
- You must enroll in Medicare within 8 months of when your employer coverage ends to avoid penalties.

Can I still contribute to my HSA if I enroll in Medicare?

No. Six months before you enroll in Medicare, stop making contributions to your HSA or you may pay a tax penalty.

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Employee Stock Purchase Plan (ESPP)

When can I enroll in the ESPP?

If eligible, you can enroll in the ESPP during the enrollment periods specific to the ESPP. You're eligible to participate in the ESPP if you were hired on or before 90 days before the start of the Offering Period.

Jabil has two ESPP Offering Periods:

- **Offering Period 1** begins January 1 and ends June 30. You enroll December 1 – December 15.
- **Offering Period 2** begins July 1 and ends December 31. You enroll June 1 – June 15.

Watch for enrollment information emailed or posted at your worksite before each Offering Period.

When can we make changes to our ESPP?

You may change your contribution election one time during each Offering Period by completing the ESPP Change and Termination Form. Your new contribution election will continue into the next Offering Period unless you elect to stop contributing. The ESPP Change and Termination Form can be found on the [Jabil Benefits Service Center \(https://jabilbenefits.bswift.com\)](https://jabilbenefits.bswift.com) under the Resource Library, Financial Health https://apps.bswift.com/user_portal/en/library or under the Employee Stock Purchase Plan on the [Jabil Benefits & Wellbeing Guide \(https://jabilbenefitsguide.com/\)](https://jabilbenefitsguide.com/).

If you do choose to stop contributing, the contributions collected during the Offering Period will be used to purchase shares on your behalf at the end of the Offering Period. You may re-enroll during a future ESPP Open Enrollment.

I tried to sign into UBS, but they asked for an account number. Where do we get that information?

UBS opens an account for you *after* your first shares are purchased through the ESPP (in the month after the Offering Period closes). At this time, you will be able to access your account using your Workday Employee ID as your UBS ID. You cannot access your account before this time.

Your online account gives you access to your purchase history, plan information, and financial and support tools.

Where can I find more information on the ESPP?

Visit the [Jabil Benefits & Wellbeing Guide \(https://jabilbenefitsguide.com/\)](https://jabilbenefitsguide.com/) and the [ESPP FAQ \(https://jabilbenefitsguide.com/wp-content/uploads/Jabil-ESPP-Frequently-Asked-Questions-US-rev-5-2026.pdf\)](https://jabilbenefitsguide.com/wp-content/uploads/Jabil-ESPP-Frequently-Asked-Questions-US-rev-5-2026.pdf) for more information.

401(k) Retirement Plan

How do I enroll in the 401(k) or make change to my 401(k) contributions.

Jabil will automatically enroll you.

- Beginning with the first payroll cycle (following the 30-day opt-out period), 5% of your eligible compensation will be deducted from your paycheck on a pre-tax basis. **Your first contribution will begin approximately 60 days after the date in your eligibility letter.**

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- Your contribution will be invested in a Vanguard Target Retirement Fund based on your year of anticipated retirement at age 65, unless you make a change to your investment election.
- If you *do not* want to participate in the Plan, contact Merrill during the 30-day opt-out period.

You can change your contribution rate, investment election, or cancel your participation at any time through [Merrill \(https://www.benefits.ml.com/login/login\)](https://www.benefits.ml.com/login/login) or call [800-228-4015](tel:800-228-4015).

Is there an age exemption for Roth, given that there is a 5-year rule on Roth distributions? If over 59½, is there an option to keep catch-up contribution as non-Roth?

Under a Roth, both the 5-year rule and age 59½ requirements need to be met for the earnings on those Roth dollars to be tax free. The 5-year rule starts with the initial contribution the participant makes in that Roth bucket, regardless of whether it is a regular Roth contribution, or Roth catch-up. It is a one-time start date, not based on each Roth contribution that comes in.

For those making \$150,000 or more in the prior year, can catch-up contributions be pre-tax?

No, catch-up contributions must be Roth and is required if W-2 earnings are \$150,000 or more.

How do I reset my password for my Jabil 401(k) account?

Contact [Merrill \(https://www.benefits.ml.com/login/login\)](https://www.benefits.ml.com/login/login) or call 800-228-4015.

Does Jabil's 401(k) plan allow after-tax (non-Roth) contributions?

No.

Contacts

Where can I locate the contact information for all of the benefit vendors?

You can locate phone numbers and websites for our vendors on the [Jabil Benefits & Wellbeing Guide \(https://jabilbenefitsguide.com/\)](https://jabilbenefitsguide.com/). There is also an option to print the contact list located on this page.

While the information in this FAQ is intended to be helpful, it is a summary overview of the benefits programs available to Jabil Inc.'s U.S. employees. The contents of this FAQ are not intended to be a contract. For official descriptions of the individual benefit plans or to find detailed information for each plan including conditions, exclusions, and limitations, please contact the benefits provider, and review the plan's summaries, certificates, or riders, or contact your local Human Resources representative. If there is any conflict between the information in this FAQ and the plan or policy documents, the plan or policy documents will govern.