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General Enrollment & Cost Saving Tips

How long do I have to make my Health & Welfare benefit elections?

As a new hire, you must enroll before your benefits effective date, which is the first of the month following 30 days of active employment.

If you do not enroll before your benefits effective date, you will only have coverage for Jabil provided benefits – short-term disability (STD), post-tax long-term disability (LTD), and Basic Life and Accidental Death and Dismemberment (AD&D) Insurance.

If you are rehired within 365 days, you will be eligible on your rehire date. If you are rehired after 365 days, you will be treated as a new hire for enrollment purposes. In both cases, you will have 30 days to make your elections.

If you are a contingent worker, part-time employee, or intern who is hired as a full-time Jabil employee and you have met the benefits eligibility requirement, you will be eligible as of the date you became full-time. You will have 30 days to enroll.

When will my payroll deductions begin?

Benefit elections that require an employee contribution (i.e., medical coverage), your payroll deductions begin the first pay date following your benefits effective date. Any missed payroll deductions will be automatically calculated by bswift and deducted from your pay. Full deductions are taken per pay period. Rates are not prorated.

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:

- 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 \(https://www.aetnaresource.com/n/Jabil2026\)](https://www.aetnaresource.com/n/Jabil2026).
 - If you choose Healthy Plus with HSA or Healthy Premier with HRA, Jabil contributes to your account.
- 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)
 - 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 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 \(http://www.resourcesforliving.com/\)](http://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.

Where can I get answers to my benefits 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 login 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 <https://jabilbenefits.bswift.com/> and login using the on-screen instructions.
- bswift Mobile App – download in the [App Store](#) or in [Google Play](#).
- For technical difficulties, please contact the Jabil Benefits Service Center.

If I am traveling outside the U.S. during my benefits enrollment, how do I enroll?

Use the same information listed above or call Internationally 872.299.9719.

What is my password to log into bswift?

- For initial access:
 - Username: Your employee ID (Example – 123456)
 - Password: The last four digits of your Social Security Number

What if my benefits start at the end of the year? Do I need to enroll as a new hire and for open enrollment?

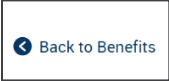
If your effective date is November 1 or December 1, you must enroll for current year's benefits AND the next year's benefits, including electing FSA and HSA contribution amounts, if applicable. FSA and HSA contributions do not carry over from year to year.

What happens if I do not enroll for benefits?

If you do not enroll before your benefits effective date, you will only have coverage for Jabil provided benefits – short-term disability (STD), post-tax long-term disability (LTD), and Basic Life and Accidental Death and Dismemberment (AD&D) Insurance. You will not be allowed to make changes unless you have a qualified life event or until the next annual open enrollment period. You will still need to log onto bswift and name a beneficiary for your life insurance.

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.

A rectangular button with a blue border and a blue arrow pointing left, followed by the text "Back to Benefits".

How will I know I have completed my benefits 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/or 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

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

All personal information must be updated in Workday. Once you have updated information, it is recommended to check your information in bswift 48 hours after updating it.

How will I receive communications about my benefits?

Jabil uses email for communicating important benefits information. Make sure you have updated your information in Workday to include your personal email. You will also want to check your bswift information and select your communication preference. If you are marking your Jabil email as your communication preference, make sure your account is still actively receiving emails and that you are checking it periodically. In addition, Jabil uses your cell phone number for texting important information about enrollment dates and deadlines.

Where do I set up my beneficiary information?

- Life insurance beneficiary designations are made on bswift.
- HSA beneficiary designations are made on WEX.
- 401(k) beneficiary designations are made on the website at Merrill (<https://benefits.ml.com/>), or you can call 800.228.4015.
 - International beneficiaries will require a paper form obtained from Merrill.
- Voluntary benefits are made on MetLife.

Where can I find the rates for the benefit plans?

The rate sheets are located on the digital [Jabil Benefits Guide](https://jabilbenefitsguide.com/) (<https://jabilbenefitsguide.com/>) or on the [Jabil Benefits Service Center](#) under the Resource Library.

These links are to the rate sheets located on the Jabil Benefits Guide.

- [2026 medical, dental and vision plan rate sheet](#)
- [2026 supplemental life rate sheet](#)
- [2026 voluntary policy rate sheet](#)

When and how can I make changes to my benefit elections?

You may change coverage during the year only if you experience a Qualifying Life Event (QLE) such as birth, marriage, or divorce. You have 30 days from the date of the event to make your change, and the change must be consistent with your life event. Otherwise, your next opportunity to make changes will be during the next annual enrollment period. See the Qualifying Life Event section of this document.

Medical Benefits

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

Emma, bswift's virtual assistant, asks you some 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 [HSA Learning Map](#) available on the digital [Jabil Benefits Guide](#). Also review why [3 employees like you](#) choose the plan they enrolled in.

How can I learn more about my medical plan choices?

See the Medical and Prescription Drug page on the [Jabil Benefits Guide](#).

When will I receive my medical ID cards?

Medical ID cards will be mailed to your home address within 30 days of your effective date. If you need an ID card, you can create your Aetna account at <http://aetna.com/>, login, and download a copy of your card. You can gain easy access to your digital ID card anytime by downloading the Aetna Health App.

Does Aetna cover infusions under the Healthy Plus with HSA plan and if so, how much would they cover?

Each plan covers infusion therapy. There may be a requirement for pre-approval prior to coverage. As long as there is an approval in place, the cost under the Healthy Plus with HSA plan will initially go towards your deductible until met and then the plan pays 80% of the cost until the out-of-pocket max is met for the year.

Do the medical plans have different networks of providers?

No. All three plans operate on the same network.

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 Guide](#) for the medical plan grid outline. The Aetna Microsite has a wonderful guide under Additional Information called "Healthcare 101 - Understanding our choices just got easier" - <https://www.aetnaresource.com/n/Jabil2026>.

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. Member cost share would be different (deductible, coinsurance, out of pocket max, and copays).

I am currently covered under my spouse's medical plan. Can I enroll in the Jabil medical plan if I lose that coverage?

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 Qualifying Life Events section of this FAQ or to the [Life Events](#)

section of the Jabil Benefits Guide. Your proof of lost coverage must include the type of coverage lost (medical, dental, and/or vision) and the date coverage was lost.

Why did I receive a 1095-C?

All benefit eligible employees receive Form 1095-C annually. Forms are issued by employers under the Affordable Care Act, indicating minimally essential health coverage was offered and whether enrollment was made. Forms are mailed each year by January 31, and paperless copies can be obtained at [myADP.com](https://my.adp.com/) (<https://my.adp.com/> - reg code: jabcir1).

Pharmacy Benefits

What is the PrudentRx (does not apply to the Healthy Premier Plan – HRA) program?

Jabil partners with PrudentRx to save you money on certain specialty medications. The PrudentRx team will work with drug manufacturers and members to obtain manufacturer copay card assistance, and if you take a specialty medication that is part of the PrudentRx program you will be contacted to enroll in the program. Once enrolled, you will pay \$0 for your specialty medication (members who are enrolled in Jabil's Healthy Plus with HSA plan will pay \$0 for their specialty medication after they meet their plan's deductible). If you choose to opt-out of the program, or if you do not enroll in the program, you will be responsible for the full cost share of your specialty medication.

If I missed my enrollment into the PrudentRx program, how do I contact them to begin?

You can reach a PrudentRx Member Advocate by calling 800.578.4403, Monday through Friday from 8:00 a.m. to 8:00 p.m. ET. Eligibility for this program is based on certain covered specialty medications. Medications on the PrudentRx specialty drug list may change at any time, with or without notice.

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 Guide / Dental Benefits](#).

Under the Denal 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 2/1/2024, you can purchase them again on 1/10/2026. Find out more about the vision plans in the [Jabil Benefits Guide / Vision Plans](#).

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;
 - Your grandchild when his/her parent is already covered as a dependent under this Plan; and
 - Children for whom the medical plan must provide coverage under a Qualified Medical Child Support Order.

May I add dependents to my coverage?

You can add dependents during your initial enrollment, during annual enrollment, or if you have a Qualifying Life Event (QLE). See the QLE section of this guide.

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. They will be offered COBRA to continue coverage at that time.

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 that can be covered under the plan. This verification is required if electing coverage under the medical and/or dental plans. You have 30 days 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](#). Once logged in, click on Upload Documentation link under Common Actions of the Home Page. Select the type of document you are uploading. Also, correctly labeling your document is critical to avoid your documents being denied.



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).	

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

Your dependent's coverage will end at the end of the verification period and not back to the original date of coverage. Claims incurred during the verification period will be processed by the insurance carriers. Premiums are NOT refunded back to the effective date of coverage as coverage was in effect during this timeframe. Terminations are made on a prospective basis.

Qualifying Life Events (QLE)

How do I apply for a Qualifying Life Event (QLE)?

To start a QLE, log into bswift, select Birth, Marriage, or other Life Event link under Common Actions on the Home Page. To upload documents to verify your event, click Upload Documentation located under Common Actions. Select the correct type of document you are uploading and label your document so it can be identified.

QLE's must be completed within 30 days of the day of the event.

What documentation do I need to provide to verify a Qualifying Life Event?

To Verify Your Life Event	Documentation Options for Verifying Eligibility
Birth	Government-Issued Birth Certificate or Hospital Birth Record
Marriage	Government-Issued Marriage Certificate
Divorce / Legal Separation	Divorce Decree or Legal Separation Agreement
Adoption / Legal Guardianship	Document of Adoption or Document of Legal Guardianship/Custody
Loss of Employee / Spouse / Child's Other Coverage	A letter from employer, Medicaid/CHIP, the public health care exchange, Medicare, etc. showing: • type of coverage lost, • dependent(s) who were covered (if applicable), and • the date coverage ended
Gain of Employee / Spouse / Child's Other Coverage	A letter from employer, Medicaid/CHIP, the public health care exchange, Medicare, showing: • type of coverage gained, • dependent(s) who are being covered (if applicable), and • the date coverage began
Death of a Spouse and/or Child(ren)	Death Certificate
Medicare Eligibility	Proof of Gain / Loss of Medicare Benefits

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 FSA funds be used on?

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

Why do I have to substantiate claims under the FSA?

The IRS requires participants to provide documentation to make sure the expenses are eligible for pre-tax benefits plans.

How will I know if I need to substantiate a claim?

If WEX does not receive enough details from the merchant or provider when you use your benefits card, you will receive a request for an itemized receipt or Explanation of Benefits (EOB). If you pay out of pocket for a product or service, you will automatically submit your itemized receipt or EOB when you file the claim.

What type of detail needs to be included in my documentation?

The IRS requires that participants provide:

- Date service was received or purchase made.
- Description of service or item purchased.
- Dollar amount (after insurance, if applicable).
- Name of merchant/provider.

An Explanation of Benefits (EOB) from your insurance carrier typically has all the required information.

If I used my card at a hospital or dental office, shouldn't my claim be automatically approved?

Not all expenses from a hospital or dental office are eligible under your plan. For example, some hospital gift stores sell flowers that could still be coded as "hospital" expenses, and some dental offices provide elective services like teeth whitening that could still be coded as "dental" expenses. Unfortunately, these are not eligible. By obtaining supporting documentation, we can verify the eligibility of the expense to maintain compliance with IRS regulations.

How do I submit documentation?

The easiest ways to upload documentation are by logging in to your account or by using the WEX benefits mobile app. Download from the [Apple App Store](#) or [Google Play](#).

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/>).

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

If coded correctly by the provider and the expenses are eligible under the Limited FSA (dental and vision expenses) they will be applied to the Limited 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/>). 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?

If you elect to contribute \$0.00 and do not "waive" the HSA, you will receive the Jabil contribution.

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 HDHPs—plans with higher deductibles and lower premiums—meet the criteria.

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 will not be eligible to receive wellness incentives.

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

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

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 have an HSA account today, can I rollover my balance to the HSA account with Jabil?

Yes, but you must first have an active HSA account with WEX, Jabil's HSA vendor. You will need to enroll in the HSA during your enrollment period.

- Rollover contributions - A rollover contribution is any amount distributed from one HSA and then contributed to another HSA of the same accountholder. The deposit into the second HSA must occur within 60 days after the distribution from the first HSA is received by the accountholder. If not, the distributed funds may be subject to an added 20% tax.
 - Only one rollover is allowed per HSA accountholder in a 12-month period, and the rollover cannot consist of funds other than the HSA distribution. When counting the days, include weekends and holidays. Rollover funds do not count against your annual HSA contribution limit or, if applicable, the HSA catch-up contribution for HSA accountholders who are 55 years of age or older.
 - To start a rollover, request a distribution from your current HSA custodian or trustee. Then complete one of the following options to contribute the funds to your WEX HSA:
 - If the distribution was by check, endorse the check received from your previous custodian over to WEX. Mail the endorsed check to us along with a completed Health Savings Account (HSA) Contribution Form.
 - Deposit the check you received from your previous custodian into a personal bank account. Write a personal check to WEX for your rollover. Mail the check to us along with a completed Health Savings Account (HSA) Contribution Form.
- Transfers - A direct custodian-to-custodian transfer moves funds between HSAs without ever being distributed to the accountholder. You are allowed an unlimited number of custodian-to-custodian HSA transfers and are not limited to just one per 12-month period.
 - To start a transfer of funds from your current HSA to your WEX HSA, complete one of the following options:
 - Complete the Health Savings Account (HSA) Transfer Request Form and send it to your current custodian.
 - Complete and return the transfer form provided by your current custodian. The current custodian will then start the direct transfer of your HSA funds to WEX. If applicable, and unless otherwise directed in writing, any liquidation of non-cash assets in the current HSA will be completed by your current HSA custodian.
 - The Health Savings Account (HSA) Transfer Request Form can be obtained online from WEX once you have opened your account.

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 go through the verification process again.

What is the verification process that is required to set up my HSA account with WEX?

The USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each individual who opens an HSA. An HSA is a savings account with a bank which requires this verification of identity.

WEX is required to verify a participant's name, street address, date of birth, and social security number (SSN). If WEX is unable to verify one or more of these pieces of information, they will reach out to you via the email address in bswift to ask you to submit proof of your identity. Documents submitted to validate your identity can't be expired and must match what has been provided to WEX (using full legal name).

Nonresident aliens may be eligible to open an HSA after submitting copies of their SSN or Individual Taxpayer Identification Number (ITIN) card along with their permanent resident card, passport, or U.S. Visa.

Documentation is required within 60 days from your initial enrollment. If not received, the HSA account will be closed, and contributions returned to Jabil. Any participant contributions deducted from employees' pay will be refunded back to the employee.

To upload documents to the online account, complete the following steps:

- Log in to your online account - [WEX](#).
- Under the Tasks section of the Home page, click "Upload Documents."
- Click "Upload Documents" on the Accounts tab.

To upload documents in the mobile app, complete the following steps:

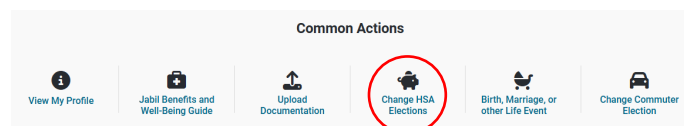
- Download the app from the [Apple App Store](#) or [Google Play](#).
- Under "Action Required" in the Tasks section, tap "Upload Documents to open your account."

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 can I make changes to my HSA payroll contribution amount?

You are allowed to change your HSA payroll contribution at any time. Changes to your payroll contributions for HSA will become effective at the first of the month following the date you made the change. To make a change to your HSA payroll contribution, log into bswift, and locate the "Change HSA Election" in the middle of the page.



Why does my tax Form 5498-SA show I contributed more to my HSA than what is allowed by the IRS?

When preparing your taxes, you will want to use Form 8889 (Health Savings Accounts) to accurately figure out the contributions between the prior and current tax years. This will ensure you claim the correct deductions and avoid any over-contribution issues. The Form 5498-SA reports the money going into your account in that calendar year and may include additional pay for the prior tax year. Form 8889 designates what year the money is for, for tax purposes.

How much does Jabil contribute to the HRA?

If you're enrolled in the [Healthy Premier medical plan](#), 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](#) 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.

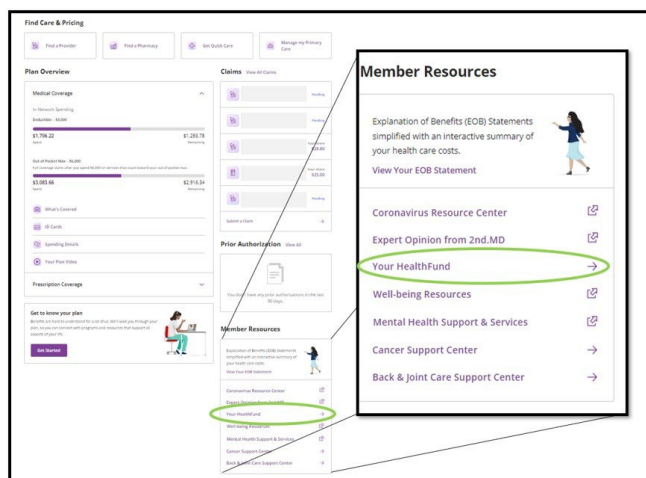
What is the difference between an HRA and an HSA?

An HSA is an employee-owned 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. Aetna has an educational presentation on the microsite "Healthcare 101" under Additional Information – <https://www.aetnaresource.com/n/Jabil2026>.

Can an individual have an HRA and FSA?

Yes.

Where can I locate my HRA contribution on the Aetna website?



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.

How can I order a new or replacement WEX benefits card or a card for my spouse or dependent?

To order a new or replacement WEX benefits card for yourself:

- Log into your account.
- Navigate to the Accounts tab.
- Under Profile, click "Banking/Cards."
- Below Debit Cards, click "Report Lost/Stolen" or "Order Replacement."
 - Clicking "Report Lost/Stolen" will immediately deactivate your current card and issue a new one with a different card number. You will not be able to reactivate your current benefits card. Clicking "Order Replacement" will keep your current card active and issue you a duplicate.
- Verify the address is correct and then click "Submit." You must provide a U.S. mailing address.
- You will receive a confirmation message once the request has been submitted.

To order a new or replacement WEX benefits card for a spouse or dependent:

- Log in to your online account – [WEX](#).
- Navigate to the Accounts tab.
- Under Profile, click "Banking/Cards."
- Below Debit Cards, click "Issue Card" next to your spouse's or dependent's name.
- Verify the address is correct and then click "Submit." You must provide a U.S. mailing address.
- You will receive a confirmation message once the request has been submitted.

How do I reset my username and password in the WEX benefits mobile app?

To reset your username in the WEX benefits mobile app, complete the following steps:

- Tap "FORGOT USERNAME OR PASSWORD?".
- Tap "FORGOT USERNAME?".
- Provide your email address and full name, and then tap "Next."
- Retrieve your username from your email, reopen the app, and log in.

To reset your password on the WEX benefits mobile app, complete the following steps:

- Tap "FORGOT USERNAME OR PASSWORD?".
- TAP "FORGOT PASSWORD?".
- Provide your username and email address, and then tap "Next."
- Tap "Next" to continue the password-reset process. A password reset will be sent to your email address.
- Check your email and select the password reset link. It will route you to a page to continue the reset process.
- Select a preferred method to verify your identity and then tap "Next."
- Proceed with the chosen method to verify your identity.
- Update your password with one you have not previously used, confirm it, and then tap "Next." You will receive confirmation that your password has been updated, and then you will be able to use that new password to log in to the mobile app.

How do I reset my password for my online account?

To reset your password for your online account, complete the following steps:

- Navigate to the [login page](#).
- Provide your username and click "Next."
- Click "Forgot Password?"
- Provide your username, last name, and last four digits of your social security number (SSN), and then click "Next."
 - ***If you receive an error during this step, Contact WEX at 866.451.3399 to reset your password.***
- Select to receive the passcode via text message or email and click "Next."
 - To select the text message option, you must have a mobile number on file with WEX. To select the email or alternate email option, you must have an email or alternate email address on file with WEX.
 - Five passcodes can be generated for a specific delivery method within 24 hours.
- A passcode will expire after 60 minutes.
 - Once you receive the verification passcode via text or email, add the passcode and click "Next."
 - If you do not receive an email or text message with the passcode, click "Resend passcode."
 - Each requested passcode will deactivate the one previously sent.
- Select to answer a security question or provide the last six digits of your WEX benefits card and click "Next."
- Update your password and click "Next."

- View the confirmation message and click "Login" to use your new password.
- If you still cannot log in or you receive an error message, Contact WEX at 866.451.3399 for assistance.

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.

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

Yes.

Life and AD&D Insurance

How much do I receive in Basic Life?

Jabil provides you with Basic Life and Accidental Death and Dismemberment at no cost to you. Coverage is equal to 2.5x your base annual earnings, up to \$500,000.

Why am I seeing a charge for my Basic Life insurance coverage provided by Jabil?

Currently, the IRS excludes from taxes the first \$50,000 of coverage under a group-term life insurance policy that is paid for by an employer. If the total amount of your basic life insurance exceeds \$50,000, the imputed cost of the coverage that is more than \$50,000, must be included as income and is subject to Social Security and Medicare taxes.

As a New Hire, how much Supplemental Life can I elect without having to provide a Statement of Health (SOH)?

You can elect up to 5x your base annual earnings, up to a maximum of \$400,000 without completing a SOH. You can elect for your spouse up to \$35,000 without SOH. Electing or increasing during annual enrollment will require a SOH.

If I decline Supplemental Life coverage as a new hire but elect it during the annual enrollment period, will I be subject to SOH?

Yes, if you decline Supplemental Life coverage as a new hire and decide to elect it during the annual open enrollment period, 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.

Does my life insurance decrease at a certain age?

Yes, on or after turning 65, the amounts of your Basic Life Insurance, Supplemental Life Insurance, and Accidental Death and Dismemberment Insurance will be determined by applying a percentage from the below table to the amount of your insurance in effect on the day before your birthday:

- Age 65 but less than 70 - 65%
- Age 70 but less than 75 - 45%
- Age 75 or older - 25%

Does my Spouse's life insurance decrease at a certain age?

Yes, your spouse's life insurance will decrease on or after they turn 65 using the same table above.

At what age does my dependent child life end?

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

What information do I need to provide to set up my beneficiary(ies) for my Life insurance?

The only information that is required when adding a beneficiary is the Name and Relationship.

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

Yes. Supplemental Life coverage comes with FREE [estate planning services](#). Get professional help with your estate planning, including will preparation, and beneficiary designation guidance.

On Life insurance, was the age reduction of 65% on the 2.5x base salary or 65% of base salary?

The reduction applies to both basic (2.5x) and supplemental.

Disability Insurance

How can I find out more information on disability insurance?

Refer to the Disability Insurance section located on the digital [Jabil Benefits Guide](#). You can also log onto [MetLife MyBenefits](https://online.metlife.com/edge/web/public/benefits) (<https://online.metlife.com/edge/web/public/benefits>).

Voluntary Policies

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 Legal Services located under the [Voluntary Policies](#) section of the Jabil Benefits Guide.

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](#) and other driving matters
- Adoption and family law

- Elder care issues
- Guidance on immigration matters

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.

Why is Pet Insurance a required selection during my enrollment?

Pet Insurance is administered by MetLife and is not payroll deducted. On the bswift enrollment screen, you must click "View Information" to continue the enrollment process. If you wish to enroll, click the [MetLife Pet Insurance link \(https://www.metlifepetinsurance.com/\)](https://www.metlifepetinsurance.com/) or click "Continue" to waive. Pet Insurance can be elected at any time. You can also call 888.448.0993 to enroll.

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 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](#) 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](#) to upload the form. Refer to the [Jabil Benefits Guide](#) for more information.

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

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

How do I navigate back in the Asset Health portal?

Do not use the browser's back arrow. Use the tabs at the top of the page.

Does Asset Health have a Mobile App?

Yes, download Asset Health Mobile from the [Apple App Store](#) or [Google Play](#). Open the app, tap Begin Activation, then follow the instructions to enter the authorization token and the email address associated with your wellness account. (You will need to sign into your wellness account on your desktop or mobile device to complete the authorization process.) Set-up your four-digit PIN.

May I set up my fitness device with Asset Health?

Yes. Please refer to the instructions under Program Guide on the [Asset Health](#) portal.

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@assethealth.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 full-time employees 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](#). Resources for Living can also help find a provider in the Aetna network if more visits are needed.

- Username: Jabil
- Password: EAP

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.
-

Employee Stock Purchase Plan (ESPP)

When can I enroll in the ESPP?

You can enroll in the Plan for the first Offering Period beginning after your 90th day of employment. For the Offering Period that begins January 1, the Open Enrollment Period is December 1 - December 15. For the Offering Period starting July 1, the Open Enrollment period is June 1 - June 15.

Is there a length of time that stock purchased through ESPP must be held before being sold?

Whole shares of stock are purchased after each Offering Period. The stock for each employee is placed in an account with UBS. Participants can access their accounts to sell or transfer stock once the stock is placed in their account approximately 3 weeks after the end of the Offering Period. You may want to consult your tax advisor about any potential tax liability. A 1099 will be issued for the tax year in which you sold shares. Please review the Plan's prospectus.

When is the Stock purchased in ESPP?

The ESPP allows eligible Jabil employees the option to purchase Jabil stock (JBL on the New York Stock Exchange) at a discounted price. Employees are eligible to contribute up to 10% of their pay to purchase company stock at a discounted price during an Offering Period. At the end of the Offering Period, employee contributions are used to purchase stock at a 15% discount over the lower of the share price at the beginning of the period or the share price at the end of the period.

What happens to my contributions made during the Offering Period if I leave Jabil before the end of the offering period?

All contributions that accumulated during that offering period will be refunded to you through payroll after your termination of employment. Your refund will be processed as soon as administratively possible after your term date.

Does my ESPP deduction apply to bonus payments?

Yes, your ESPP deduction comes out of all earnings.

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](#) under the Resource Library, Financial Health or under the Employee Stock Purchase Plan on the [Jabil Benefits Guide](#).

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 digital [Jabil Benefits Guide](#) and the [ESPP FAQ](#) 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.**
- Your contribution will be invested in a Vanguard Target Retirement Fund based on your year of anticipated retirement at age 65.
- 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 direction, or cancel your participation at any time through [Merrill](#) or call [800.228.4015](tel:800.228.4015).

Does my 401(k) automatically rollover to the Jabil 401(k) Plan?

No, you will need to request a distribution from your current Plan administrator to roll over your account balance to the Jabil Plan. Merrill will be onsite in the coming months, and HR will have forms to complete this process.

How do I rollover my 401(k) account balance?

- For a Direct Rollover, you will need to contact your prior Plan's administrator and request a rollover distribution check made payable to **"Trustee for Jabil 401(k) Retirement Plan, FBO (your name)"**.
- If spacing on the check is an issue, use: **"TEE for Jabil 401k FBO (participant name)"**
- Have this distribution check sent to your home address, do not have it sent directly to Merrill.
- Complete and sign the Merrill Rollover Contribution Form and then mail the form with the check to Merrill (the address is listed on the last page of the form).
- Include the distribution summary or check stub that shows that the **source of the dollars** is from a qualified plan, or a copy of your closing statement showing the amount that was distributed.

When will I be eligible to participate in the Jabil 401(k) plan?

You are eligible to participate in the 401(k) Retirement Plan after 30 days of employment. If you want to make your own contribution choices, you have these options:

- **Pre-tax and/or Roth 401(k) contributions**
 - You can contribute between 1% and 75% of your eligible compensation, up to \$24,500 for 2026.
- **Catch-up contributions**
 - If you are age 50 or older during the calendar year, you can contribute up to \$8,000 for 2026.
 - If you are between the ages of 60 to 63, you can contribute up to \$11,250 for 2026.
 - If your 2025 FICA earnings through Jabil were \$150,000 or more, any catch-up contributions you choose to make will be on a Roth after-tax basis.
 - Catch-up contributions are elected separately from your pre-tax and/or Roth contributions.

How often can I change my contribution rate in the Jabil 401(k) plan?

You can enroll, change your contribution rate, investment direction, or cancel your participation at any time

Jabil Benefits FAQs

through [Merrill](#) or call 800.228.4015. You will find investment election information here as well.

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

Contact [Merrill](#) 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 digital [Jabil Benefits Guide](#). There is also an option to print the contact list located on this page.

While the information in this guide 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 guide 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 guide and the plan or policy documents, the plan or policy documents will govern.