

**SUMMARY ANNUAL REPORT**  
**FOR WESLEYAN UNIVERSITY GROUP INSURANCE PROGRAM**

This is a summary of the annual report of the Wesleyan University Group Insurance Program, EIN 06-0646959, Plan No. 511, for period January 1, 2008 through December 31, 2008. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Wesleyan University has committed itself to pay all medical, dental and short-term disability claims incurred under the terms of the plan. Fees and claims paid in this period equaled \$9,568,999.

**Insurance Information**

The plan has contracts with The Hartford and Cigna Healthcare to pay Stop loss, Life Insurance, Long-term disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2008 were \$740,611.

**Your Rights To Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. information on payments to service providers; and
2. insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write Wesleyan University, 212 College Street, Middletown, CT 06459, (860) 685-2100.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan (Wesleyan University, 212 College Street, Middletown, CT 06459) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.