## 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 01/01/2018 through 12/31/2018. 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 certain self-funded Dental, and Short-term Disability claims incurred under the terms of the plan.

## **Insurance Information**

The plan has contracts with EYEMED VISION CARE ON BEHALF OF COMBINED INSURANCE COMPANY, E4 LLC and LIFE INSURANCE COMPANY OF NORTH AMERICA to pay Vision, Life Insurance, Long-term Disability, and Employee Assistance Program claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2018 were \$554,716.

## **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:

• insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of WESLEYAN UNIVERSITY at 212 COLLEGE STREET, MIDDLETOWN, CT, 06459 or by telephone at 860-685-2100.

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.