SUMMARY ANNUAL REPORT FOR
WILLIAMS COLLEGE GROUP INSURANCE PLAN

This is a summary of the annual report of the WILLIAMS COLLEGE GROUP INSURANCE PLAN, a health, life insurance, dental, vision, temporary disability, long-term disability and death benefits plan (Employer Identification Number 04-2104847, Plan Number 501), for the plan year 01/01/2016 through 12/31/2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

WILLIAMS COLLEGE has committed itself to pay certain Dental claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with THE STANDARD INSURANCE COMPANY, BLUE CROSS BLUE SHIELD OF MASSACHUSETTS INC and ZURICH AMERICAN INSURANCE COMPANY to pay all Vision, Life insurance, Long-term disability, Health, Business Travel Accident T claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2016 were $18,844,324.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/2016, the premiums paid under such "experience-rated" contracts were $18,834,331 and the total of all benefit claims paid under these experience-rated contracts during the plan year was $16,172,638.

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. 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 Frederick Puddester, who is a representative of the plan administrator, at 100 Spring St., Williamstown, MA 01267 and phone number, 413-597-4478. The charge to cover copying costs will be $5.00 for the full annual report, or $0.25 per page for any part thereof.

You also have the legally protected right to examine the annual report at the main office of the plan: 100 Spring St., Williamstown, MA 01267, 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 N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Additional Explanation

Self-insured Dental coverage is not subject to certain reporting requirements. Any inquiries should be directed to the Plan Administrator for details.