

## **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, long-term disability and death benefits plan (Employer Identification Number 04-2104847, Plan Number 501), for the plan year 01/01/2018 through 12/31/2018. 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, The Standard Insurance Company and ZURICH AMERICAN INSURANCE COMPANY to pay all Health, Vision, Long-term disability, Life and AD&D claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2018 were \$18,709,643.

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 12/31/2018, the premiums paid under such "experience-rated" contracts were \$18,684,614.

### **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 Danielle Gonzalez, 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.