

## **SUMMARY ANNUAL REPORT FOR ELON UNIVERSITY HEALTH AND WELFARE BENEFITS PLAN**

This is a summary of the annual report of the ELON University Health and Welfare Benefits Plan, a health, life insurance, dental, vision, temporary disability, long-term disability and death benefits plan (Employer Identification Number 56-0532303, Plan Number 505), for the plan year 01/01/2020 through 12/31/2020. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

ELON UNIVERSITY has committed itself to pay certain Medical, Prescription Drug, and Health Care Flexible Spending Account claims incurred under the terms of the plan.

### **Insurance Information**

The plan has insurance contracts with United American Insurance Company, Delta Dental Of North Carolina, Vision Service Plan, Compsyh, The Lincoln National Life Insurance Company, Aflac and Continental American Insurance Company to pay certain Dental, Vision, Employee Assistance Programs, Life insurance, Long-term disability, Accidental Death & Dismemberment, Dependent Life, Optional Life, Optional Life Spouse, Optional Life Child, Temporary disability, and Voluntary Benefits claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2020 were \$2,444,868.

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 12/31/2020, the premiums paid under such "experience-rated" contracts were \$863,365 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$651,012.

### **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 plan administrator, at Campus Box 2070, Elon, NC 27244 and phone number, 336-278-5560.

You also have the legally protected right to examine the annual report at the main office of the plan: Campus Box 2070, Elon, NC 27244, 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.

## **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email [DOL\\_PRA\\_PUBLIC@dol.gov](mailto:DOL_PRA_PUBLIC@dol.gov) and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 06/30/2022)

### **Additional Explanation**

The health care flexible spending account is self-insured and not subject to ERISA reporting requirements.