

**SUMMARY ANNUAL REPORT FOR  
WILLAMETTE UNIVERSITY CONSOLIDATED WELFARE BENEFITS PLAN**

This is a summary of the annual report of the WILLIAMETTE UNIVERSITY CONSOLIDATED WELFARE BENEFITS PLAN, a health, life insurance and dental plan (Employer Identification Number 93-0386972, Plan Number 512), 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).

WILLIAMETTE UNIVERSITY has committed itself to pay certain Health Flexible Spending Account claims incurred under the terms of the plan.

**Insurance Information**

The plan has insurance contracts with ACE AMERICAN INSURANCE COMPANY, KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST, LIFEMAP ASSURANCE COMPANY, THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA and CANOPY to pay certain Health, Dental, Life insurance, Temporary disability, Long-term disability and other claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2020 were \$7,450,535.

**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 900 STATE ST, SALEM, OR 97301 and phone number, 503-370-6210. 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: 900 STATE ST, SALEM, OR 97301, 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**

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.

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