

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

This is a summary of the annual report of the WILLAMETTE UNIVERSITY CONSOLIDATED WELFARE BENEFITS PLAN, a health, life insurance, dental, temporary disability and long-term disability plan (Employer Identification Number 93-0386972, Plan Number 512), for the plan year 01/01/2021 through 12/31/2021. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

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

Insurance Information

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 and reference the OMB Control Number 1210-0040.

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