



## SUMMARY ANNUAL REPORT

### FOR WILLIAM MARSH RICE UNIVERSITY HEALTH AND WELFARE PLAN

This is a summary of the annual report of the William Marsh Rice University Health and Welfare Plan, EIN 74-1109620, Plan No. 511, for period July 1, 2014 through June 30, 2015. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The University has committed itself to pay certain health claims incurred under the Medical Plan, Short-Term Disability Plan and the Flexible Benefits Plan.

#### Insurance Information

The University has contracts with insurance carriers to pay certain health, dental, life, long-term disability, long-term care, and accidental death & dismemberment claims incurred under the terms of each plan. The names of the insurance carriers and the total premiums paid for the plan year ending June 30, 2015 for each plan are as follows:

Coverage Name	Name of Insurance Carrier(s)	Premiums Paid
Medical	Aetna Life Insurance Company (Stop Loss)	\$428,979
Long Term Disability	Unum Life Insurance Company	\$797,281
Group Travel Accident	Hartford Life Insurance Company	\$15,820
Life Insurance and Accidental Death & Dismemberment	Unum Life Insurance Company of North America	\$1,136,467
Long Term Care Insurance	UNUM Life Insurance Company	\$194,022
Dental	Aetna Life Insurance Company	\$ 1,234,942

#### 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:

- Schedule A, *Insurance Information*, which will disclose any sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write William Marsh Rice University, PO Box 1892 6100 Main St, MS92, Houston, TX 77251-1892, (713) 348-6074.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan (William Marsh Rice University, PO Box 1892 6100 Main St, MS92, Houston, TX 77251-1892) 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 N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.