

## **SUMMARY ANNUAL REPORT FOR SAINT MARYS COLLEGE DENTAL PLAN**

This is a summary of the annual report of the SAINT MARYS COLLEGE DENTAL PLAN, a dental plan (Employer Identification Number 35-0868158, Plan Number 504), for the plan year 06/01/2014 through 05/31/2015. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

CORPORATION OF SAINT MARYS COLLEGE has committed itself to pay certain claims incurred under the terms of the plan.

### **Insurance Information**

The plan has an insurance contract with HUMANA DENTAL INSURANCE COMPANY to pay certain Dental, PPO contract claims incurred under the terms of the plan. The total premiums paid for the plan year ending 05/31/2015 were \$267,015.

Because it is a so called "experience-rated" contract, 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 05/31/2015, the premiums paid under such "experience-rated" contract were \$267,015 and the total of all benefit claims paid under the experience-rated contract during the plan year was \$0.

### **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 SUSAN K BOLT, who is a representative of the plan administrator, at BUSINESS OFFICE 150 LE MANS HALL, NOTRE DAME, IN 46556 and phone number, 574-284-4555.

You also have the legally protected right to examine the annual report at the main office of the plan: BUSINESS OFFICE 150 LE MANS HALL, NOTRE DAME, IN 46556, 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.