

**SUMMARY ANNUAL REPORT FOR
WELFARE WRAP BENEFIT PLAN FOR BRYANT UNIVERSITY**

This is a summary of the annual report of the WELFARE WRAP BENEFIT PLAN FOR BRYANT UNIVERSITY, a health, life insurance, dental and long-term disability plan (Employer Identification Number 05-0258810, Plan Number 510), for the plan year 01/01/2018 through 12/31/2018. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Bryant University has committed itself to pay certain Medical Flexible Spending Account, Health claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND, DELTA DENTAL OF RHODE ISLAND, STANDARD INSURANCE COMPANY, LIBERTY LIFE ASSURANCE COMPANY OF BOSTON and SUN LIFE ASSURANCE COMPANY OF CANADA to pay certain Health, Dental, Life insurance, Long-term disability, Stop Loss Specific Only claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2018 were \$10,079,178.

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 12/31/2018, the premiums paid under such "experience-rated" contracts were \$8,768,028 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$8,454,678.

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 1150 Douglas Pike, Smithfield, RI 02917 and phone number, 401-232-6010. 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: 1150 Douglas Pike, Smithfield, RI 02917, 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.