

SUMMARY ANNUAL REPORT FOR SEATTLE UNIVERSITY GROUP LIFE AND AD&D PLAN

This is a summary of the annual report of the Seattle University Group Life and AD&D Plan (Employer Identification Number 91-0565006, Plan Number 501) 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).

Insurance Information

The plan has insurance contracts with Life Insurance Company of North America and Wellspring Family Services, EAP to pay all life, accidental death and dismemberment and employee assistance program claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2021 were \$402,469.

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:

- 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 901 12th Avenue, Seattle, WA 98122 and phone number, 206-296-5870.

You also have the legally protected right to examine the annual report at the main office of the plan: 901 12th Avenue, Seattle, WA 98122, 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

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

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.

OMB Control Number 1210-0040 (expires 07/31/2023)

SUMMARY ANNUAL REPORT FOR SEATTLE UNIVERSITY GROUP MEDICAL PLAN

This is a summary of the annual report of the Seattle University Group Medical Plan (Employer Identification Number 91-0565006, Plan Number 504) 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).

Seattle University has committed itself to pay certain medical claims incurred under the terms of the plan.

Your Rights to Additional Information

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OMB Control Number 1210-0040 (expires 06/30/2022)

SUMMARY ANNUAL REPORT FOR GROUP HEALTH BENEFITS FOR FACULTY, ADMIN & STAFF

This is a summary of the annual report of the Group Health Benefits For Faculty, Admin & Staff (Employer Identification Number 91-0565006, Plan Number 505) 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).

Insurance Information

The plan has an insurance contract with Kaiser Foundation Health Plan of Washington to pay certain medical and prescription drug claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2021 were \$4,201,055.

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:

- 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 901 12th Avenue, Seattle, WA 98122 and phone number, 206-296-5870.

You also have the legally protected right to examine the annual report at the main office of the plan: 901 12th Avenue, Seattle, WA 98122, 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.

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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.

OMB Control Number 1210-0040 (expires 07/31/2023)

**SUMMARY ANNUAL REPORT FOR
WASHINGTON DENTAL SERVICE PLAN FOR
FACULTY, ADMINISTRATION AND STAFF**

This is a summary of the annual report of the Washington Dental Service Plan for Faculty, Administration and Staff (Employer Identification Number 91-0565006, Plan Number 506) 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).

Insurance Information

The plan has an insurance contract with Delta Dental of Washington to pay certain dental claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2021 were \$1,120,506.

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 12/31/2021, the premiums paid under such "experience-rated" contract were \$1,120,506 and the total of all benefit claims paid under the experience-rated contract during the plan year was \$951,462.

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:

- Insurance information, including sales commissions paid by insurance carriers.

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You also have the legally protected right to examine the annual report at the main office of the plan: 901 12th Avenue, Seattle, WA 98122, 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.

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respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

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OMB Control Number 1210-0040 (expires 07/31/2023)

**SUMMARY ANNUAL REPORT FOR
SEATTLE UNIVERSITY LONG TERM DISABILITY PLAN FOR FACULTY,
ADMINISTRATION AND STAFF**

This is a summary of the annual report of the Seattle University Long Term Disability Plan for Faculty, Administration and Staff (Employer Identification Number 91-0565006, Plan Number 507) 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).

Insurance Information

The plan has an insurance contract with Life Insurance Company of North America to pay certain long-term disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2021 were \$156,291.

Your Rights to Additional Information

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OMB Control Number 1210-0040 (expires 07/31/2023)

SUMMARY ANNUAL REPORT FOR SEATTLE UNIVERSITY VISION PLAN

This is a summary of the annual report of the Seattle University Vision Plan (Employer Identification Number 91-0565006, Plan Number 508) 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).

Insurance Information

The plan has an insurance contract with Vision Service Plan to pay certain vision claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2021 were \$143,528.

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 12/31/2021, the premiums paid under such "experience-rated" contract were \$143,528 and the total of all benefit claims paid under the experience-rated contract during the plan year was \$11,568.

Your Rights to Additional Information

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See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

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OMB Control Number 1210-0040 (expires 07/31/2023)

SUMMARY ANNUAL REPORT FOR SEATTLE UNIVERSITY FLEX PLAN

This is a summary of the annual report of the Seattle University Flex Plan (Employer Identification Number 91-0565006, Plan Number 509) 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).

Seattle University has committed itself to pay certain health FSA (medical, dental and vision) claims incurred under the terms of the plan.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at 901 12th Avenue, Seattle, WA 98122 and phone number, 206-296-5870.

You also have the legally protected right to examine the annual report at the main office of the plan: 901 12th Avenue, Seattle, WA 98122, 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.

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