## SUMMARY ANNUAL REPORT FOR COLUMBIA COLLEGE EMPLOYEE BENEFITS PLAN

This is a summary of the annual report of the COLUMBIA COLLEGE EMPLOYEE BENEFITS PLAN, a health, life insurance, dental, vision, temporary disability and long-term disability plan (Employer Identification Number 43-0655867, Plan Number 501), for the plan year 01/01/2017 through 12/31/2017. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

COLUMBIA COLLEGE has committed itself to pay certain Health claims incurred under the terms of the plan.

## **Insurance Information**

The plan has insurance contracts with THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA and UNITEDHEALTHCARE INSURANCE COMPANY to pay certain Dental, Vision, Life insurance, Temporary disability, Long-Term disability, Stop loss, and other claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2017 were \$992,222.

## **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 1001 ROGERS STREET, COLUMBIA, MO 65216 and phone number, 573-875-7255.

You also have the legally protected right to examine the annual report at the main office of the plan: 1001 ROGERS STREET, COLUMBIA, MO 65216, 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.