**SUMMARY ANNUAL REPORT**

**for**

**GROUP INSURANCE PLAN FOR EMPLOYEES OF DEPAUW UNIVERSITY**

This is a summary of the annual report for GROUP INSURANCE PLAN FOR EMPLOYEES OF DEPAUW UNIVERSITY, 35-0869045/502/Health, Life insurance, Accidental Death & Dismemberment (AD&D), Dental, Vision and Long-term disability for the period 7/1/2014 through 6/30/2015. The annual report has been filed with the Employee Benefits Security Administration, formerly known as the Pension and Welfare Benefits Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

DEPAUW UNIVERSITY has committed itself to pay certain (Health) claims incurred under the terms of the plan.

The plan has contracts with SUN LIFE ASSURANCE COMPANY OF CANADA, DELTA DENTAL OF INDIANA and ANTHEM INSURANCE COMPANY INC. to pay certain (Life insurance, AD&D, Dental, Vision and Long-term disability) claims incurred under the terms of the plan. The total premiums paid for the plan year ending 6/30/2015 were $811,121.

Because the contract with DELTA DENTAL OF INDIANA is a so 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 6/30/2015, the premiums paid under such experience-rated contract were $414,474, and the total of all benefit claims paid under the experience-rated contract during the plan year was $371,008.

*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 DEPAUW UNIVERSITY, who is Plan Administrator, at 313 SOUTH LOCUST STREET, GREENCASTLE IN 46135-1736, (765) 658-4161. There will be no charge for copying the report in whole or in part.

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, if any, or a statement of income and expenses of the plan and accompanying notes, if any, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes, if any, will be included as part of that report. The charge to cover copying costs given above does not include a charge for copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan at 313 SOUTH LOCUST STREET, GREENCASTLE IN 46135-1736 and at the US Department of Labor in Washington DC, or obtain a copy from the US 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, US Department of Labor, 200 Constitution Avenue, NW, Washington DC 20210.