

**SUMMARY ANNUAL REPORT FOR  
DEPAUW UNIVERSITY RETIREE WELFARE BENEFIT PLAN**

This is a summary of the annual report of the DEPAUW UNIVERSITY RETIREE WELFARE BENEFIT PLAN, a health and dental plan (Employer Identification Number 35-0869045, Plan Number 516), for the plan year 01/01/2015 through 12/31/2015. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

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

**Insurance Information**

The plan has insurance contracts with United American Ins. Co. and Delta Dental of Indiana to pay certain Health, Prescription drug, Dental claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2015 were \$932,936.

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 12/31/2015, the premiums paid under such "experience-rated" contracts were \$69,160 and the total of all benefit claims paid under these experience-rated contracts 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. Financial information and information on payments to service providers.
2. 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 BRAD KELSHEIMER, who is a representative of the plan administrator, at 313 S. LOCUST ST., GREENCASTLE, IN 46135 and phone number, 765-658-4182.

You also have the legally protected right to examine the annual report at the main office of the plan: 313 S. LOCUST ST., GREENCASTLE, IN 46135, 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.