

## **SUMMARY ANNUAL REPORT FOR CAMPBELL UNIVERSITY WELFARE BENEFIT PLAN**

This is a summary of the annual report of the Campbell University Welfare Benefit Plan, a health, life insurance, dental, vision, temporary disability, long-term disability and death benefits plan (Employer Identification Number 56-0529940, Plan Number 504), for the plan year 01/01/2024 through 12/31/2024. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Campbell University has committed itself to pay certain Health claims incurred under the terms of the plan.

### **Insurance Information**

The plan has insurance contracts with EyeMed Vision Care, Delta Dental Of North Carolina, Reliastar Life Insurance Company and Sun Life Assurance Company Of Canada to pay certain Vision, Dental, Life insurance, Temporary disability, Long-term disability, AD&D, Accident, Critical Illness, EAP, Hospital, Stop loss claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2024 were \$2,195,561.

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 12/31/2024, the premiums paid under such "experience-rated" contracts were \$370,027 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$293,846.

### **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 Gail Spangler, who is a representative of the plan administrator, at P.O. Box 595, Buies Creek, NC 27506-0595 and phone number, 910-893-1200. 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: P.O. Box 595, Buies Creek, NC 27506-0595, 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

OMB Control number 1210-0040; Expiration Date 03/31/2026

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. The annual report is also available online at the Department of Labor website [www.efast.dol.gov](http://www.efast.dol.gov).

#### **Additional Explanation**

Health benefits are self-insured and not subject to SAR reporting requirements. Contact your plan administrator for details.