SUMMARY ANNUAL REPORT FOR
TULANE SCHOOL OF MEDICINE RESIDENTS HEALTH PLAN

This is a summary of the annual report of the Tulane School of Medicine Residents Health Plan, a health, dental and vision plan (Employer Identification Number 72-0423889, Plan Number 519), for the plan year 7/1/2016 through 6/30/2017. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Administrators of the Tulane Educational Fund has committed itself to pay certain health claims incurred under the terms of the plan.

Insurance Information

The plan has an insurance contract with The Guardian Life Insurance Company of America to pay certain dental and vision claims incurred under the terms of the plan. The total premiums paid for the plan year ending 06/30/2017 were $136,402.

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 Doreen Nichols, who is a representative of the plan administrator, at 131 South Robertson Street Suite 1520, New Orleans, LA 70112 and phone number, 504-988-1746.

You also have the legally protected right to examine the annual report at the main office of the plan: 131 South Robertson Street Suite 1520, New Orleans, LA 70112, 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.
SUMMARY ANNUAL REPORT FOR
TULANE SCHOOL OF MEDICINE RESIDENTS LIFE AND AD&D PLAN

This is a summary of the annual report of the TULANE SCHOOL OF MEDICINE RESIDENTS LIFE AND AD&D PLAN, a life insurance and death benefits plan (Employer Identification Number 72-0423889, Plan Number 518), for the plan year 7/1/2016 through 6/30/2017. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The plan has an insurance contract with Hartford Life and Accident to pay certain life insurance and accidental death and dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending 06/30/2017 were $21,228.

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 Doreen Nichols, who is a representative of the plan administrator, at 131 SOUTH ROBERTSON STREET SUITE 1520, NEW ORLEANS, LA 70112 AND PHONE NUMBER, 504-988-1746.

You also have the legally protected right to examine the annual report at the main office of the plan; 131 SOUTH ROBERTSON STREET SUITE 1520, NEW ORLEANS, LA 70112, 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.
SUMMARY ANNUAL REPORT FOR
TULANE SCHOOL OF MEDICINE GROUP TOTAL DISABILITY PLAN


INSURANCE INFORMATION

THE PLAN HAS AN INSURANCE CONTRACT WITH HARTFORD LIFE AND ACCIDENT TO PAY CERTAIN LONG-TERM DISABILITY CLAIMS INCURRED UNDER THE TERMS OF THE PLAN. THE TOTAL PREMIUMS PAID FOR THE PLAN YEAR ENDING 06/30/2017 WERE $36,493.

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 DOREEN NICHOLS, WHO IS A REPRESENTATIVE OF THE PLAN ADMINISTRATOR, AT 131 SOUTH ROBERTSON STREET SUITE 1520, NEW ORLEANS, LA 70112 AND PHONE NUMBER, 504-988-1746.