

# YALE UNIVERSITY

## 2006 SUMMARY ANNUAL REPORTS

As required by the Employee Retirement Income Security Act of 1976 (ERISA), Summary Annual Reports for plans maintained by Yale University provide participants and their beneficiaries certain information included in the Annual Report for the plan filed with the Internal Revenue Service for the year ending December 31, 2006. Financial details specifically required by the government are listed below. Additional information that may be of interest to participants is also included in this report.

The Benefits office has prepared the Summary Annual Report for the following University benefits plan:

<u>Plan Name</u>	<u>Common Name</u>
Plan 525: Yale University Welfare and Fringe Benefit Plan	Same

The Plan Administrator for each plan is: **Yale University**  
Benefits Office  
155 Whitney Avenue, Room 130  
New Haven, CT 06520

Any questions you may have concerning this Summary Annual Report, or any other aspects of the plans, should be directed to the **Plan Administrator**.

Plan participants and beneficiaries may obtain copies of the latest Annual Report for any plans, or any parts thereof, for a reasonable charge. They may inspect them without charge at the Yale University Benefits Office, 155 Whitney Avenue- Room 130. To inquire about any document, write to the plan administrator to request the report. Before it is sent, the administrator will reply, stating the cost of the document, so that you may learn the cost before ordering. If you have any questions concerning your personal participation in any of these plans, **please call the Benefits Office at 432-5550**.

**Plan 525: Yale University Welfare and Fringe Benefit Plan**

This plan is funded from the general assets of the employer (Yale University) plus employee contributions.

**Insurance Carrier: Aetna Global Benefits**

Contract # 29908005200220 Health/Life Insurance  
Total Premium Paid: \$ 11,566

**Insurance Carrier: CIGNA Dental Health, Inc**

Contract # 10005687 Dental Insurance  
Total Premium Paid: \$ 252,796

**Insurance Carrier: Hartford Life & Accident Insurance Company**

Contract # ETB111504 Life Insurance  
Total Premiums Paid: \$ 7,453  
Fees incurred for retention of this policy: \$ 1,118

**Insurance Carrier: Standard Insurance Company**

Contract # 642971 Long term Disability/Life Insurance  
Total Premium: \$ 2,647,887  
Total Claims Charged: \$ 1,852,439  
Total Retention: \$ 819,956  
Claim Reserves: \$ 4,080,845