

SUMMARY ANNUAL REPORT

For YMCA OF THE FOX CITIES EMPLOYEE WELFARE BENEFIT PLAN

This is a summary of the annual report of the YMCA OF THE FOX CITIES EMPLOYEE WELFARE BENEFIT PLAN, EIN 39-0806191, Plan No. 504, for period January 01, 2019 through December 31, 2019. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

YMCA OF THE FOX CITIES has committed itself to pay Medical, Dental, and Flexible Spending Account claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with The Lincoln National Life Insurance Company, Superior Vision Insurance Plan Of Wisconsin, Inc. and United Healthcare Insurance Company to pay vision, life insurance, long-term disability, accidental death & dismemberment and managed organ/tissue transplant claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2019 were \$67,056.

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:

- 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 YMCA OF THE FOX CITIES in care of MICHELLE SORENSON who is Plan Administrator at 218 E LAWRENCE STREET, APPLETON, WI 54911, or by telephone at (920) 739-6135.

You also have the legally protected right to examine the annual report at the main office of the plan (YMCA OF THE FOX CITIES, 218 E LAWRENCE STREET, APPLETON, WI 54911) 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.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13)(PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 06/30/2022)