

ERISA Statement

If the Enrolling Group is subject to ERISA, the following information applies to you.

Summary Plan Description

Name of Plan: Adelphi University Medical Plan with HIP an Emblem Health Company

Name, Address and Telephone Number of Plan Sponsor and Named Fiduciary:
Adelphi University
1 South Avenue
Garden City, NY 11530
516-877-3221

The Plan Sponsor retains all fiduciary responsibilities with respect to the Plan except to the extent the Plan Sponsor has delegated or allocated to other persons or entities one or more fiduciary responsibility with respect to the Plan.

Claims Fiduciary: HIP an Emblem Health Company

Employer Identification Number (EIN): 11-1630741

IRS Plan Number: 506

Effective Date of Plan: 10/1/1986

Type of Plan: HMO – POS Contract – Comprehensive Medical and Surgical

Name, business address, and business telephone number of Plan Administrator:
Account Executive
HIP an Emblem Health Company
55 Water Street
New York, NY 10041
646-447-5019

Type of Administration of the Plan:
HMO – POS Contract – Comprehensive Medical and Surgical

Benefits are paid pursuant to the terms of a group health policy issued and insured by: **HIP an Emblem Health Company**

The Plan is administered on behalf of the Plan Administrator by **HIP an Emblem Health Company** pursuant to the terms of the group Policy. **HIP an Emblem Health Company** provides administrative services for the Plan including claims processing, claims payment, and handling appeals.

Person designated as agent for service of legal process: Plan Administrator

Source of contributions and funding under the Plan: There are no contributions to the Plan. Any required employee contributions are used to partially reimburse the Plan Sponsor for Premiums under the Plan. Benefits under the Plan are funded by the payment of Premium required by the group Policy.

Method of calculating the amount of contribution: Employee-required contributions to the Plan Sponsor are the employee's share of costs as determined by Plan Sponsor. From time to

time, the Plan Sponsor will determine the required employee contributions for reimbursement to the Plan Sponsor and distribute a schedule of such required contributions to employees.

Date of the end of the year for purposes of maintaining Plan's fiscal records:

Plan year shall be a 12 month period ending **December 31st**

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Determinations of Qualified Medical Child Support Orders: The plan's procedures for handling qualified medical child support orders are available without charge upon request to the Plan Administrator.