

SUMMARY ANNUAL REPORT FOR  
Marquette University Long Term Disability Insurance Plan

This is a summary of the annual report of the Marquette University Long Term Disability Insurance Plan, a long-term disability plan (Employer Identification Number 39-0806251, Plan Number 503), for the plan year 09/01/2016 through 08/31/2017. 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 Northwestern Mutual to pay all Long-term Disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending 08/31/2017 were \$557,604.

Because it is a so called "experience-rated" contract, 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 08/31/2017, the premiums paid under such "experience-rated" contract were \$557,604 and the total of all benefit claims paid under the experience-rated contract during the plan year was \$178,890.

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 Octavio Castro, who is a representative of the plan administrator, at PO Box 1881 Department of Human Resources, Milwaukee, WI 53201-1881 and phone number, 414-288-7305. The charge to cover copying costs will be \$1.50 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: PO Box 1881 Department of Human Resources, Milwaukee, WI 53201-1881, 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.