



Roger Williams University

Employee Benefits Plan

Document and

Summary Plan Description
For Non-Retirement Plans

Amended and Restated:
April 1, 2020

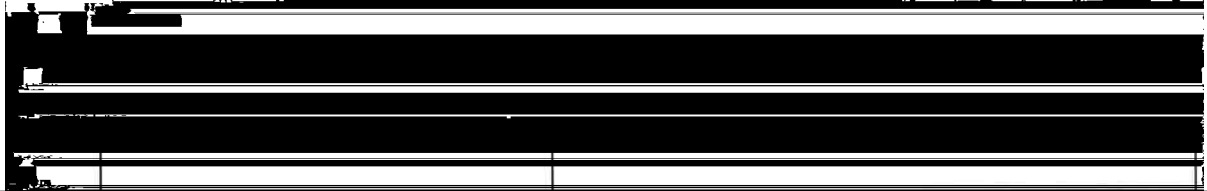
Roger Williams University maintains this Employee Benefits Plan for the exclusive benefit of its eligible employees and other persons made eligible by their relationship to the eligible employee. This Plan is comprised of different benefit



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1. General Plan Information

A table with multiple rows and columns, where the content is almost entirely obscured by a thick black redaction bar. Only the grid lines and a few small white fragments are visible.

2. Plan Benefits

Employer Sponsored

Benefit Plans. This Employer Benefits Plan includes the component Benefit Plan(s) identified below. Each Benefit Plan is

[REDACTED]
[REDACTED]

(12) Any circumstances which may result in disqualification, ineligibility, denial, loss, forfeiture, suspension, offset, reduction, or recovery of any benefits;

(13) Where the law of any State under the Benefit Plan are superseded under contract or policy of



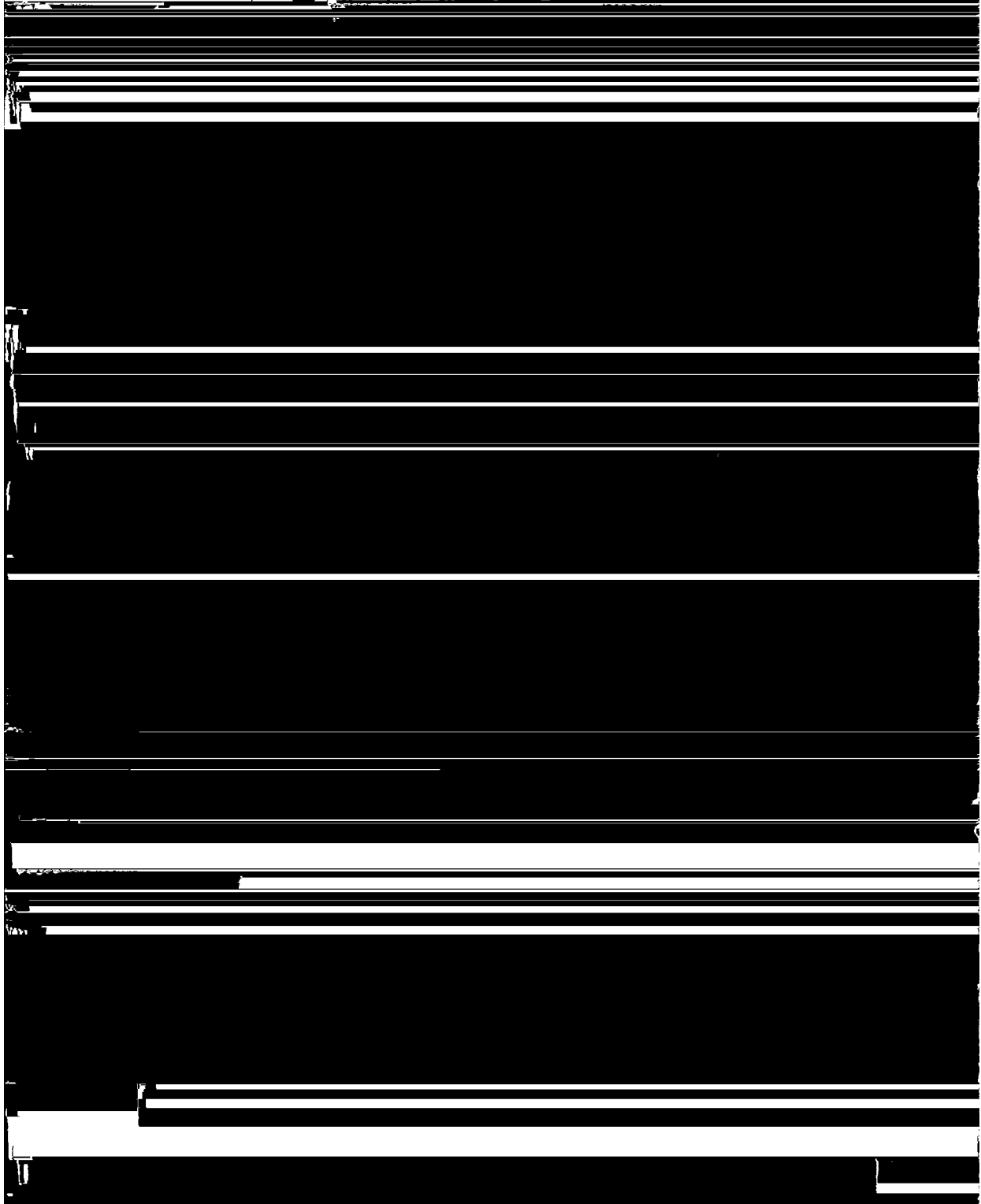
The Plan shall be construed and enforced according to the laws of the state of Rhode Island (without regard to conflicts of laws rules) to the extent not preempted by federal law, and except as otherwise provided in an Insurance Policy. Exclusive jurisdiction and venue of all disputes arising out of or relating to this Plan or any of the Benefit Plans hereunder shall be in any court of appropriate jurisdiction in the state of Rhode Island.

3. Eligibility

Eligibility for Sponsored Group Plans

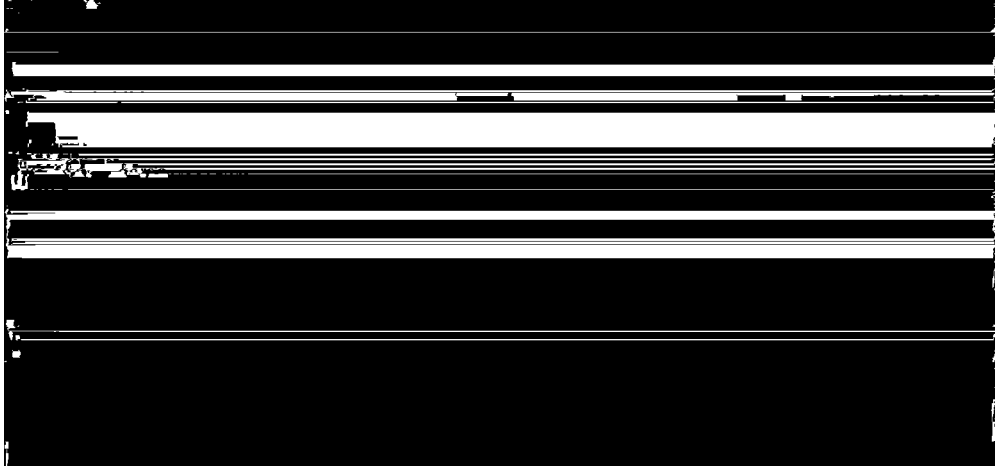
A Participant's rights to enroll in and maintain coverage under the Benefit Plans are described in detail in the Benefit Plan Descriptions listed above or enrollment materials provided by the Employer. The Benefit Plan Descriptions and the enrollment materials are expressly incorporated by reference and would include the following items:

- (1) Under what circumstances a spouse, dependents and other persons may be enrolled including any proof of a relationship needed to meet the eligibility requirements (note that group health plans are required to cover



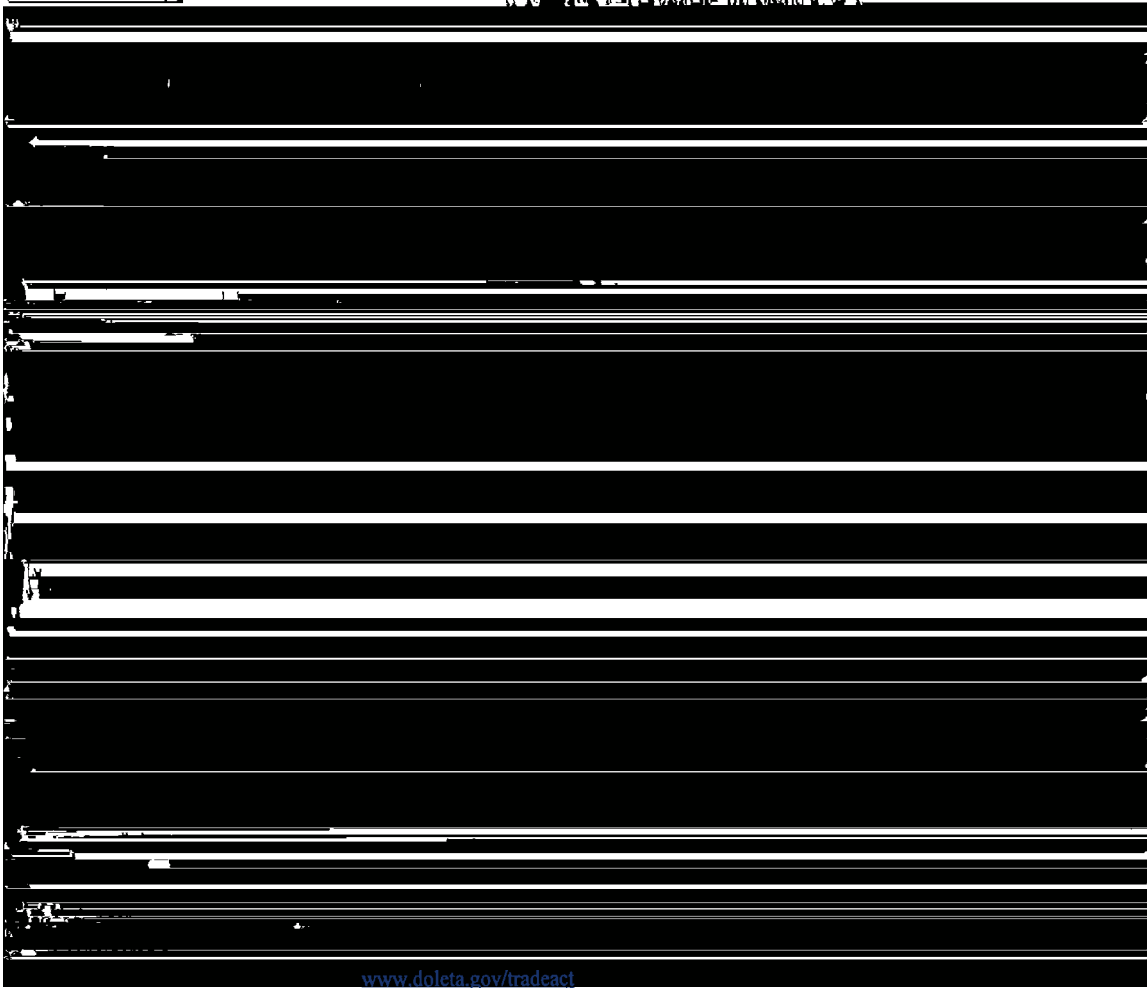
right to receive benefits under the group health plan under which a Participant or other beneficiary is entitled to receive benefits

The Plan Administrator will promptly notify the participant and each alternate recipient named in the medical child support order of the Plan's procedures for determining the qualified status of the medical child support orders. A participant or beneficiary can request a copy of the Plan's procedures and the Plan Administrator will provide a



COBRA

The following terms in this section provide general information regarding the federal right to continue group health (including dental or vision) coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 as amended ("COBRA"). The Benefit Plan Description has a complete description of the federal and

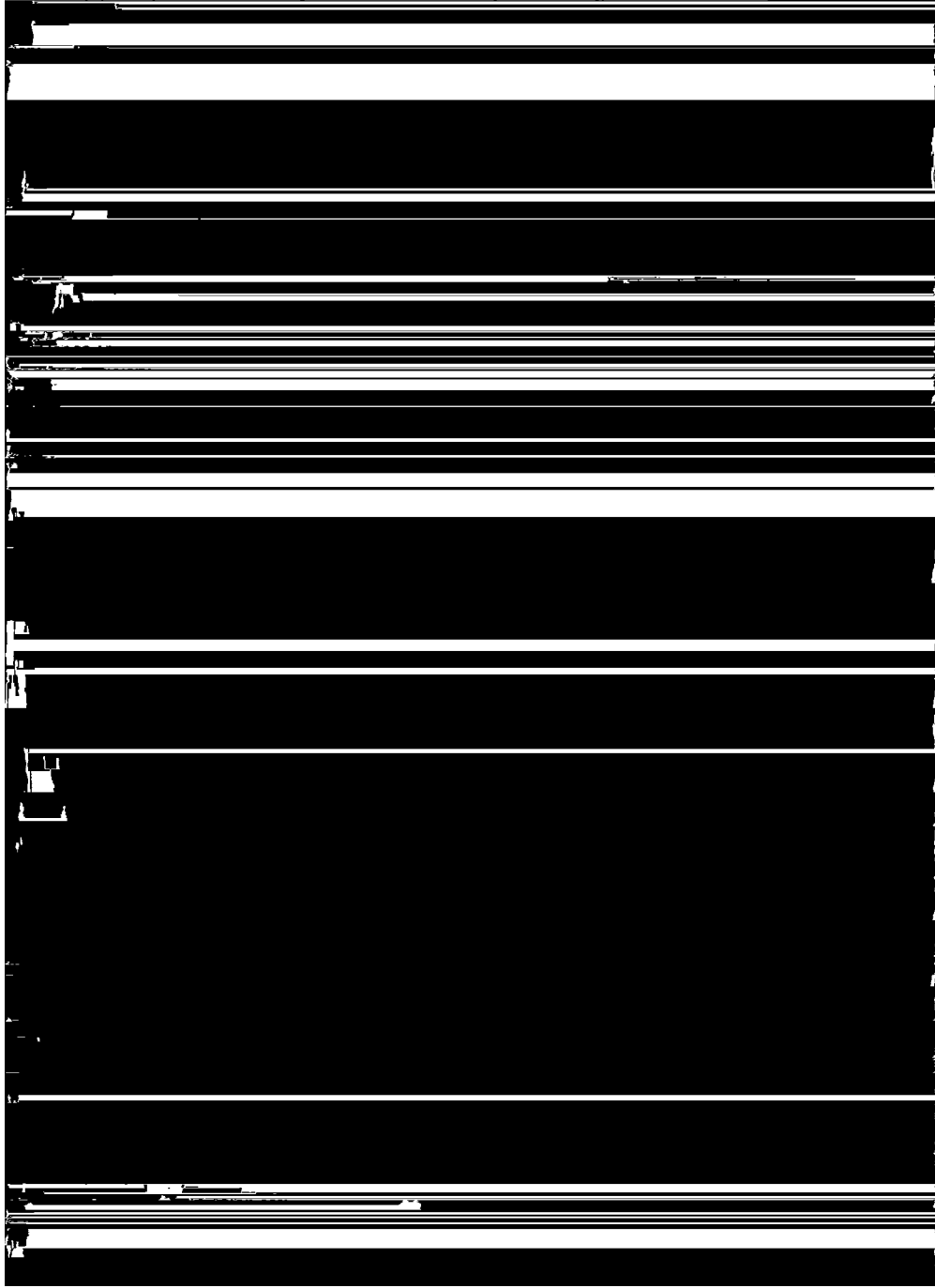


www.doleta.gov/tradeact

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage generally may be continued only for up to a total of 18 months. In the case of losses of coverage due to an employee's death, divorce or legal separation, or loss of dependent status under the written terms of the Benefit Plan, coverage may be continued for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement.

Continuation coverage will be terminated before the end of the maximum period if:

- (1) Any required premium is not paid in full on time;
- (2) A qualified beneficiary first becomes covered, after electing continuation coverage, under another



If the Social Security Administration determines that a COBRA Participant is no longer disabled, that Determination must be delivered within 30 days of the later of: (1) the date of the final determination by the Social Security Administration that the qualified beneficiary is no longer disabled; or (2) The date on which the qualified beneficiary is informed, through the furnishing of the plan's summary plan description or the General Notice of both the responsibility to provide the notice and the plan's procedures for providing such notice to the administrator.

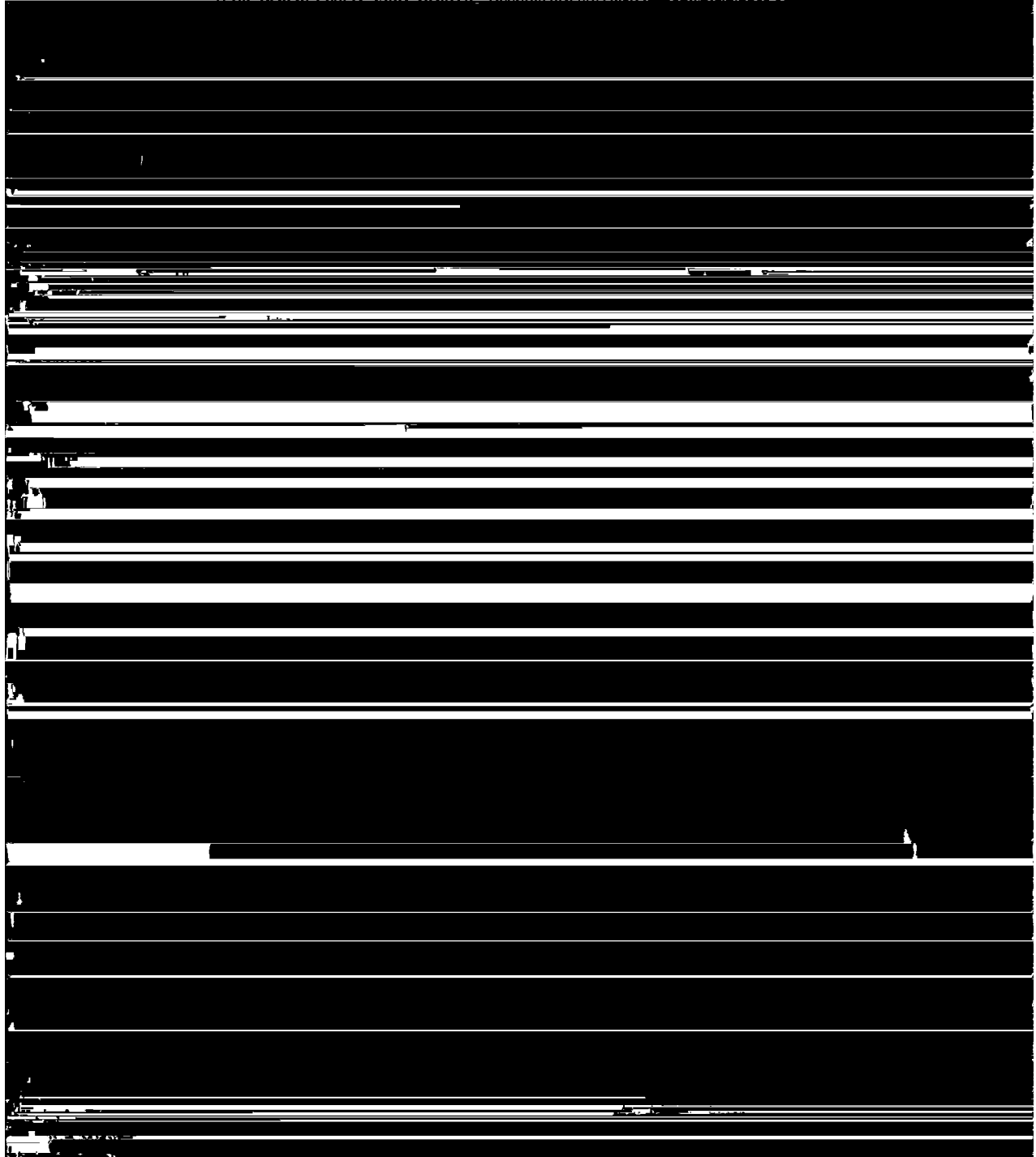
What The Notice Must Contain. The written notice must contain at least the name of the person(s) that will be losing coverage, the event that will cause the loss of coverage (referred to as a qualifying event) and the date the qualifying event actually occurs. You should also provide, along with the letter, documentation of the event that occurred, such as a photocopy of a divorce order or legal separation order showing the date the divorce or legal separation began. If you have any question about what type of documentation is required, you should contact the Employee Benefits Contact at the address provided in this notice. The Employee Benefits Contact may develop and

4. Funding

The Benefit Plan Table

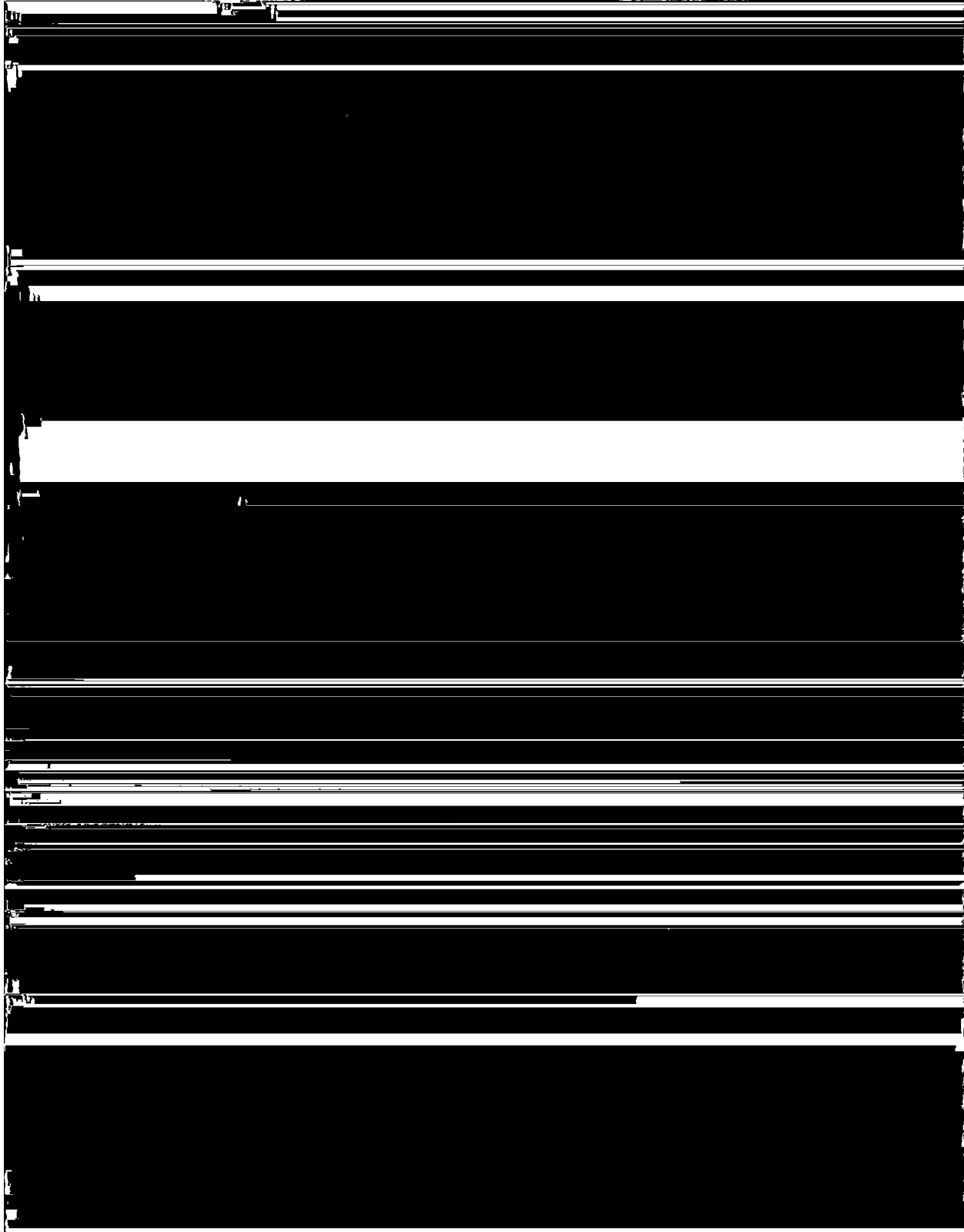
This Plan makes available the Benefit Plans identified under Section 2. Plan Benefits, details listed in the Benefit Plan Table, and described in the Benefit Plan Descriptions incorporated by reference. The funding for each Benefit Plan is identified on the Benefit Plan Table and described below.

If the Benefit Plan is 'Fully-Insured' Benefits are provided under an insurance contract entered into between



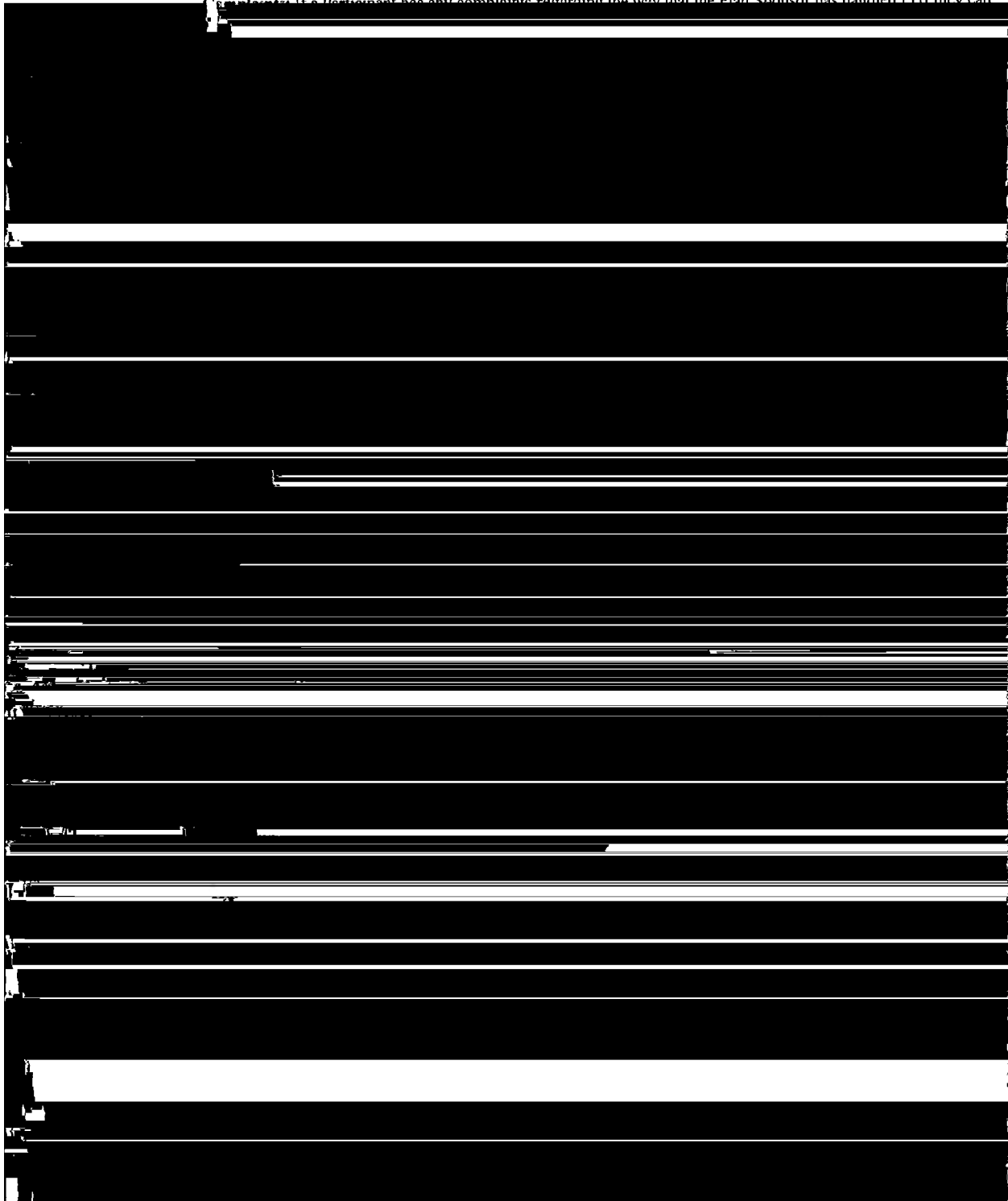
5. Plan Administration

Plan Administrator The Plan Administrator is responsible for the administration of this Plan. Should you need to see any records or have any questions regarding any Benefit Plan, contact the Plan Administrator. In general the Plan Administrator has final discretionary authority to interpret the Plan and make factual determinations as to whether any individual is eligible for coverage and entitled to receive any benefits under the Plan. However, the Plan Administrator may



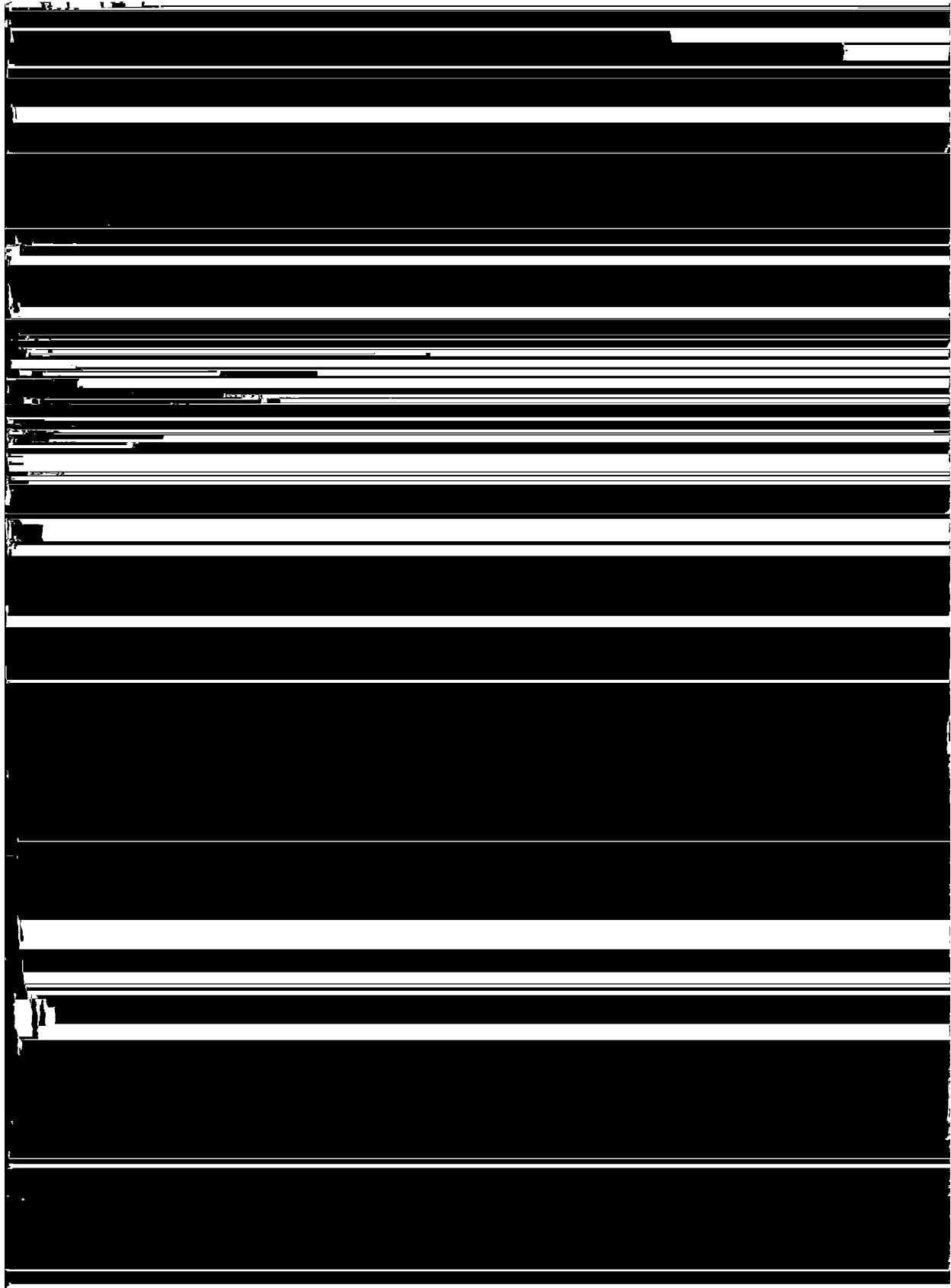
premium bids from health plans for providing health insurance or modifying, amending or terminating the Plan. Summary Health Information means information that summarizes claims history and expenses which meets the federal requirements that remove all data fields that can be used to identify an individual participant.

complaints. If a Participant has any complaints regarding the way that the Plan Sponsor has handled PHI they can

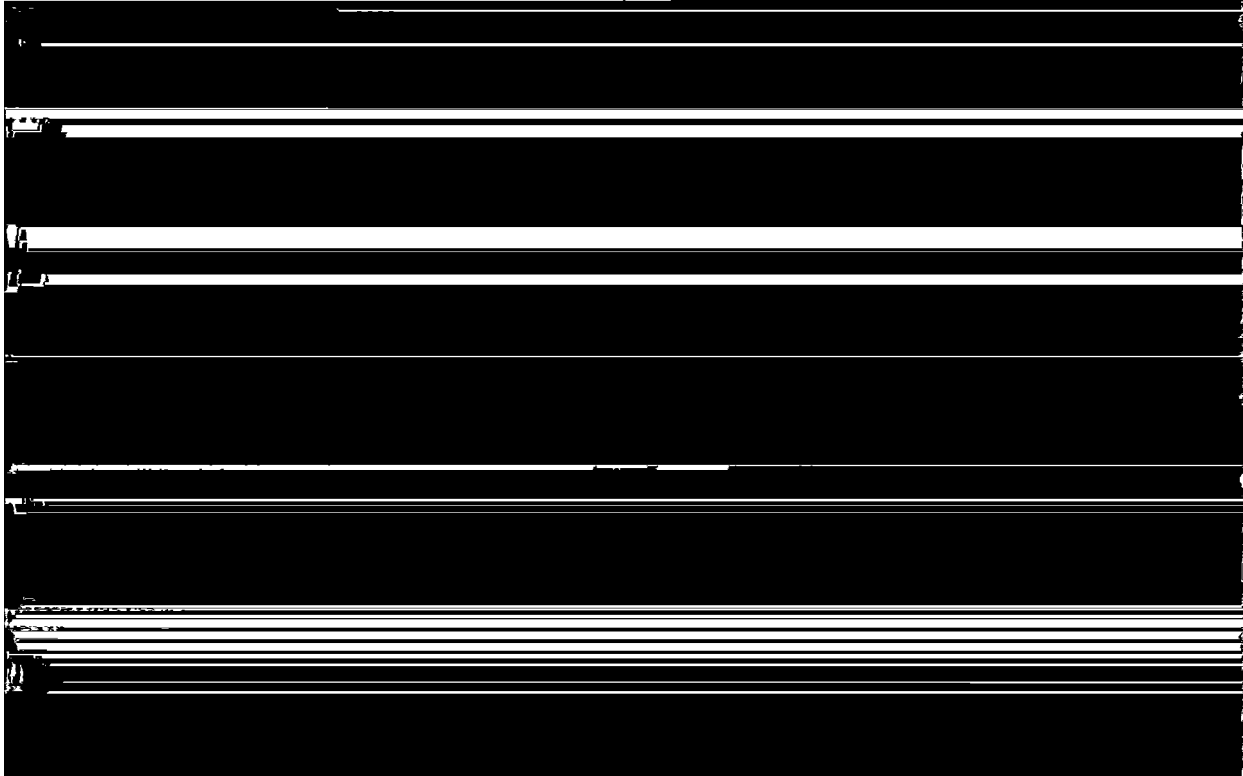


If a Participant intentionally makes a false statement or submits false documents in support of coverage or in support of a claim for benefits, or a Participant intentionally fails to send correct information when the participant knows or should have known the information submitted was incorrect, the Plan Administrator may, without the consent of any person, and to the fullest extent permitted by law, terminate the person's Plan coverage and may refuse to honor any claim for benefits under the Plan including claims for Participants related to the person submitting the falsified information. Such person shall be responsible, to the fullest extent permitted by applicable law, for any costs, including reasonable attorneys' fees, incurred by the Plan with respect to any assessment or invalidation of a claim for benefits under the Plan.





- (8) The Genetic Information Nondiscrimination Act (GINA);
- (9) The Health Information Technology for Economic and Clinical Health Act (HITECH);
- (10) Michelle's Law; and,
- (11) The Family and Medical Leave Act of 1993 (FMLA).
- (12) 12) HR 8201 Families First Coronavirus Response Act, Public Law No: 116-127 enacted by the



7. Statement of ERISA Rights

Your Rights

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information

About Your Plan

[REDACTED]

Assistance With

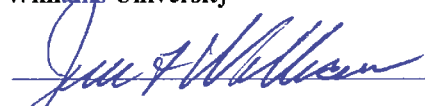
If you have any questions about your Plan, you should contact the Benefits Department of Roger Williams University. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the



Plan Adoption

By signing this Plan Document, the Employer identified below represents that it has formally adopted this Employee Benefits Plan.

Roger Williams University

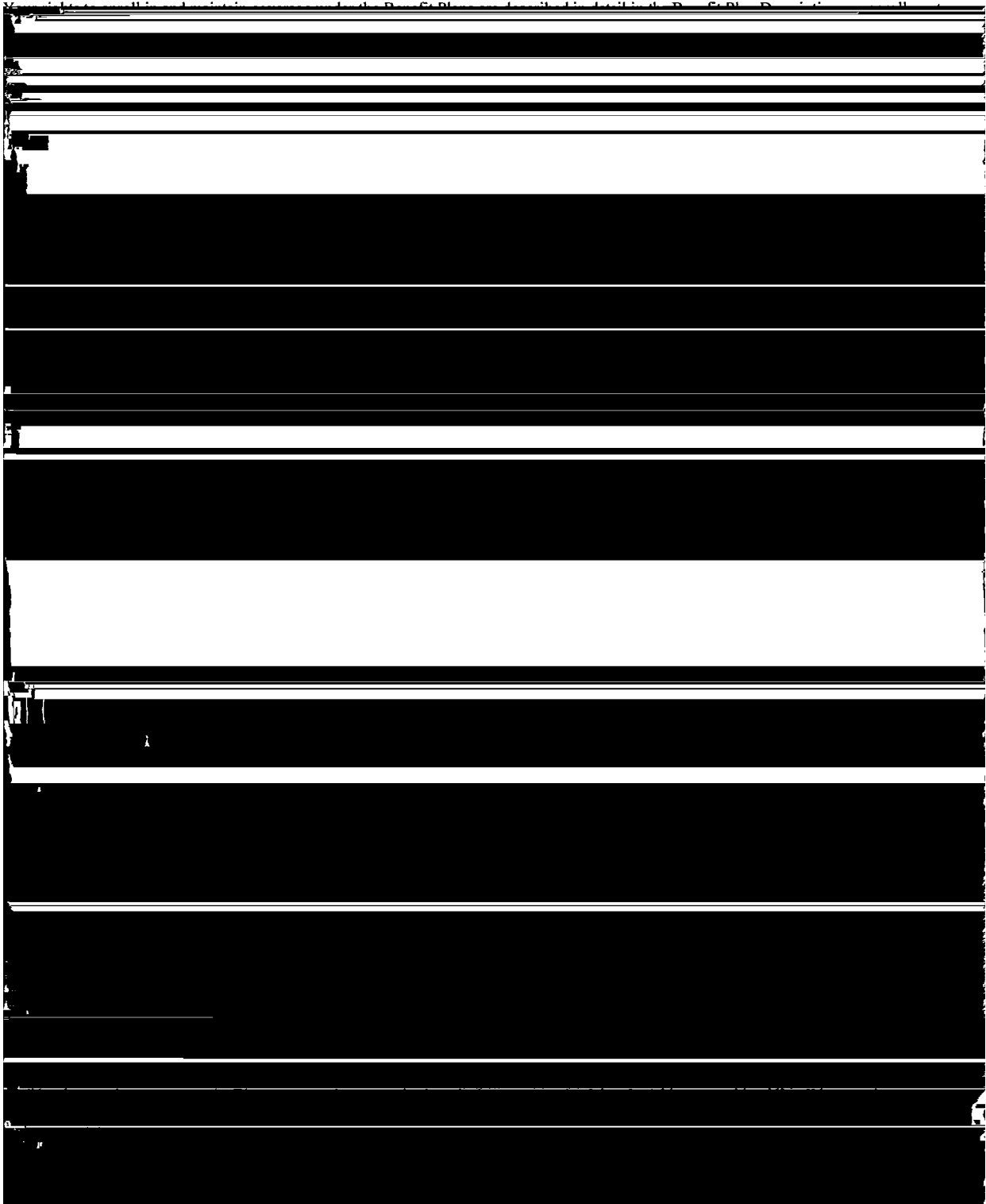
By: 

Printed: JEROME F. WILLIAMS

Title: CHAIRMAN, BOARD OF TRUSTEES AND ADMINISTRATOR

ADDENDUM

Your Health Plan Eligibility and the Affordable Care Act (ACA)



- If you are a New variable hour, part-time or seasonal employee , the Stability Period (which is also known as the "Initial

