

**SUMMARY ANNUAL REPORT FOR
AURORA UNIVERSITY FLEXIBLE BENEFITS PLAN
AURORA UNIVERSITY WELFARE BENEFIT PLAN**

This is a summary of the annual report of the AURORA UNIVERSITY FLEXIBLE BENEFITS PLAN a health plan (employer identification number 36-2166964) for the plan year ending 12/31/2008. And a summary of the annual report of the AURORA UNIVERSITY WELFARE BENEFIT PLAN a life insurance, dental, temporary disability and long-term disability plan (employer identification number 36-2166964) for the plan year ending 12/31/2008. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

AURORA UNIVERSITY has committed itself to pay certain Health Care Flexible Spending Account claims incurred under the terms of the plan.

Insurance Information

The plan has a contract with HEALTH CARE SERVICE CORPORATION to pay certain Medical claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2008 were \$2,240,008.

The plan has contracts with RELIANCE STANDARD LIFE INSURANCE COMPANY, THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, RELIANCE STANDARD LIFE INSURANCE COMPANY and RELIANCE STANDARD LIFE INSURANCE COMPANY to pay certain Life, Long Term Disability, Dental, Vision claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2008 were \$243,675.

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. Financial information and information on payments to service providers.
2. 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 THERESE A HOEHNE, who is a representative of the plan administrator at 347 S GLADSTONE AVE, AURORA, IL 60506 and phone number, 630-844-5493. The charge to cover copying costs will be \$0.50 for the full annual report, or \$10.00 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: 347 S GLADSTONE AVE, AURORA, IL 60506, 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.