

## **SUMMARY ANNUAL REPORT FOR THE SIGNATURE BENEFITS PLAN**

This is a summary of the annual report of THE SIGNATURE BENEFITS PLAN (Employer Identification Number 95-4545390, Plan Number 660), for the plan year 01/01/2021 through 12/31/2021. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

TWDC Enterprises 18 Corp. has committed itself to pay certain health, dental, prescription drug, and vision claims incurred under the terms of the plan.

### **Insurance Information**

The plan has insurance contracts with ACE American Insurance Company, Cigna Healthcare of California, Cigna Health and Life Insurance Company, Delta Dental of California, Hartford Life and Accident Insurance Company, Hawaii Medical Service Association Health Plan, Humana Medical Plan, Inc., Kaiser Foundation Health Plan Inc., Kaiser Foundation Health Plan of Hawaii, Kaiser Foundation Health Plan of Washington, Metropolitan Life Insurance Company, MetLife Legal Plans, and Securian Life Insurance Company, to pay certain health, dental, prescription drug, vision, death, temporary disability, long term disability, accidental death and dismemberment, long term care, business travel accident and prepaid legal claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2021 were \$267,580,334.

Because they are so called "experience-rated" contracts, 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 12/31/2021, the premiums paid under such "experience-rated" contracts were \$2,199,271 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$3,007,354.

### **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 Pascale Thomas, who is a representative of the plan administrator, at c/o Enterprise Benefits 500 South Buena Vista Street, Burbank, CA 91521 and phone number, 818-558-2709.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan: C/O Enterprise Benefits 500 South Buena Vista Street, Burbank, CA 91521, 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 is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to 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](mailto:DOL_PRA_PUBLIC@dol.gov) and reference the OMB Control Number 1210-0040 (expires 7/31/2023).