

SUMMARY ANNUAL REPORT RELATING TO FUNDED WELFARE PLANS

Summary Annual Report For Williams College Flexible Benefits Plan

This is a summary of the annual report of the Williams College Flexible Benefits Plan, Plan Number 501, Employer Identification Number 04-2104847, Welfare Plan, for 1/1/2008 through 12/31/2008. The annual report has been filed with the Department of Labor as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has a contract(s) with Blue Cross & Blue Shield of Massachusetts, Inc. and Hartford Life and Accident to pay certain medical, dental, life insurance, accidental death and dismemberment, and long term disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2008 was \$11,106,259.00.

Because, Blue Cross & Blue Shield of Massachusetts, Inc. is a so-called "experience-rated" contract(s), 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 12/31/2008, the premiums paid under such "experience-rated" contract(s) were \$0.00 and the total of all claims paid under the(se) experience-rated contract(s) during the plan year was \$797,522.00.

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:

- 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 Williams College, who is plan administrator, 100 Spring Street, Suite 201, Williamstown, Massachusetts, 01267, (413) 597-4421. The charge to cover copying costs will be \$1.00 for the full annual report, or \$0.25 per page for any part thereof.

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. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan 100 Spring Street, Suite 201, Williamstown, Massachusetts, 01267 and at the U.S. Department of Labor in Washington, DC, 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
EMPLOYEE BENEFITS SECURITY ADMINISTRATION
DEPARTMENT OF LABOR
200 CONSTITUTION AVENUE, N.W.
WASHINGTON DC 20210