

## **SUMMARY ANNUAL REPORT FOR HOPE ENTERPRISES, INC. WELFARE BENEFIT PLAN**

This is a summary of the annual report of the HOPE ENTERPRISES, INC. WELFARE BENEFIT PLAN, a health, life insurance, dental, vision, temporary disability and long-term disability plan (Employer Identification Number 23-2303287, Plan Number 501), for the plan year 07/01/2022 through 06/30/2023. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

HOPE ENTERPRISES, INC. has committed itself to pay certain Health, Short-Term Disability, and Employee Assistance Program claims incurred under the terms of the plan.

### **Insurance Information**

The plan has insurance contracts with THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, VISION BENEFITS OF AMERICA and HARTFORD LIFE AND ACCIDENT to pay certain Dental, Vision, Life insurance, Long-term disability and other claims incurred under the terms of the plan. The total premiums paid for the plan year ending 06/30/2023 were \$141,739.

Because VISION BENEFITS OF AMERICA 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 06/30/2023, the premiums paid under this "experience-rated" contract was \$11,914 and the total of all benefit claims paid under this experience-rated contract during the plan year was \$9,949.

### **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 plan administrator, at 31 N GATES AVENUE, KINGSTON, PA 18704 and phone number, 570-326-3745.

You also have the legally protected right to examine the annual report at the main office of the plan: 31 N GATES AVENUE, KINGSTON, PA 18704, 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.

OMB Control Number 1210-0040 (expires 03/31/2026)