

**SUMMARY ANNUAL REPORT FOR  
CUMBERLAND COUNTY HOSPITAL ASSOCIATION, INC. FLEXIBLE BENEFITS PLAN**

This is a summary of the annual report of the CUMBERLAND COUNTY HOSPITAL ASSOCIATION, INC. FLEXIBLE BENEFITS PLAN, a life insurance, dental, vision and temporary disability plan (Employer Identification Number 61-0624096, Plan Number 501), 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).

CUMBERLAND COUNTY HOSPITAL has committed itself to pay certain Temporary disability, Cancer, Intensive Care, Hospitalization, Accident, Special Health Event, Life Insurance, Vision, Intensive Care, Dental claims incurred under the terms of the plan.

**Insurance Information**

The plan has insurance contracts with AFLAC, ANTHEM LIFE INSURANCE COMPANY, UNITED HEALTHCARE INSURANCE COMPANY, CONTINENTAL AMERICAN INSURANCE COMPANY and PARAMOUNT DENTAL to pay certain Temporary disability, CANCER, INTENSIVE CARE, HOSPITALIZATION, ACCIDENT, AND SPECIAL HEALTH EVENT, Life insurance, Vision, CANCER, INTENSIVE CARE, HOSPITALIZATION, ACCIDENT, AND SPECIAL HEALTH EVENT, Dental claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2021 were \$150,144.

**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 Rick Neikirk, who is a representative of the plan administrator, at P.O. BOX 280, BURKESVILLE, KY 42717 and phone number, 270-864-2511. 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 legally protected right to examine the annual report at the main office of the plan: P.O. BOX 280, BURKESVILLE, KY 42717, 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 and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 07/31/2023)