

**SUMMARY ANNUAL REPORT FOR  
TUFTS UNIVERSITY POSTDOCTORAL MEDICAL BENEFIT PLAN**

This is a summary of the annual report of the Tufts University Postdoctoral Medical Benefit Plan, a health plan (employer identification number 04-2103634), for the plan year 09/01/2009 through 08/31/2010. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

**Insurance Information**

The plan has a contract with Tufts Associated Health Maintenance Plan, Inc. to pay certain HMO contract claims incurred under the terms of the plan. The total premiums paid for the plan year ending 08/31/2010 were \$641,723.

**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 Ann Mac Kenzie, who is a representative of the plan administrator at 200 Boston Avenue Suite 1600, Medford, MA 02155 and phone number, 617-627-3270.

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: 200 Boston Avenue Suite 1600, Medford, MA 02155, 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.