

**SUMMARY ANNUAL REPORT FOR  
UNITED CEREBRAL PALSY OF GREATER CLEVELAND, INC. EMPLOYEE BENEFIT  
PLAN**

This is a summary of the annual report of the UNITED CEREBRAL PALSY OF GREATER CLEVELAND, INC. EMPLOYEE BENEFIT PLAN, a health, life insurance, dental, vision, temporary disability and long-term disability plan (Employer Identification Number 34-0753561, Plan Number 501), for the plan year 05/01/2016 through 04/30/2017. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

UNITED CEREBRAL PALSY OF GREATER CLEVELAND, INC. has committed itself to pay certain claims incurred under the terms of the plan.

**Insurance Information**

The plan has insurance contracts with RELIANCE STANDARD LIFE INSURANCE COMPANY, EYEMED VISION CARE, MEDICAL MUTUAL and ALLSTATE to pay certain Dental, Temporary disability, Life insurance, AD&D, Long-term disability, Vision, Health, Prescription drug claims incurred under the terms of the plan. The total premiums paid for the plan year ending 04/30/2017 were \$1,032,740.

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 04/30/2017, the premiums paid under such "experience-rated" contracts were \$910,630 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$0.

**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 UNITED CEREBRAL PALSY OF GREATER CLEVELAND, INC., the plan administrator, at 10011 EUCLID AVENUE, CLEVELAND, OH 44106-4701 and phone number, 216-791-8363. The charge to cover copying costs will be \$3.00 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: 10011 EUCLID AVENUE, CLEVELAND, OH 44106-4701, 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.