

SUMMARY ANNUAL REPORT FOR FRINGE BENEFIT WRAP PLAN

This is a summary of the annual report of the FRINGE BENEFIT WRAP PLAN, a life insurance, long-term disability, severance pay and death benefits plan (employer identification number 62-1788235, plan number 511) for the plan year ending 12/31/2014. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

UT-BATTELLE, LLC has committed itself to pay certain claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with Metropolitan Life Insurance Company and Life Insurance Company of North America to pay certain Life Insurance, Long Term Care Insurance, and Accidental Death claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2014 were \$10,528,221.

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 12/31/2014, the premiums paid under such "experience-rated" contracts were \$8,353,751 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$4,278,289.

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 the plan administrator at:

UT-BATTELLE, LLC
1 BETHEL VALLEY ROAD
BLDG 4007, MS-6434
OAK RIDGE, TN 37830
PHONE: 865-576-0965

You also have the legally protected right to examine the annual report at the main office of the plan: 1 BETHEL VALLEY ROAD, BLDG 4007, MS-6434, OAK RIDGE, TN 37830, 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.