## SUMMARY ANNUAL REPORT FOR VEOLIA NORTH AMERICA HEALTH AND WELFARE BENEFITS PLAN

This is a summary of the annual report of the Veolia North America Health and Welfare Benefits Plan, Employer Identification Number 26-2756568, Plan Number 501, for the plan year January 1, 2017 through December 31, 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).

Veolia North America, LLC has committed itself to pay certain health, dental and temporary disability claims incurred under the terms of the plan.

## **Insurance Information**

The plan has insurance contracts with ACE American Insurance Company, Care Plus Dental Plans Inc., Cigna Health and Life Insurance Company, Hawaii Medical Service Association, Hyatt Legal Plans, Kaiser Foundation Health Plan Inc., Magellan Healthcare, Vision Service Plan and Liberty Life Assurance Company of Boston to pay health, dental, vision, life insurance, long-term disability, prescription drug, business travel accident, evacuation, legal, employee assistance and accidental death and dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2017 were \$10,269,671.

## 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:

• 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 23563 W Main Street, RT. 126, Plainfield, IL 60544 and phone number, 815-609-2043.

You also have the legally protected right to examine the annual report at the main office of the plan: Veolia North America, LLC, 53 State Street, Floor 14, Boston, MA 02109, 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.