

**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, 2020 through December 31, 2020. 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, Lincoln Life Assurance Company of Boston, Combined Insurance, and Continental American Insurance Company to pay business travel accident, dental, health, prescription drug, evacuation coverage, legal, HMO contract, employee assistance program, vision, life insurance, long-term disability, long term care, hospital indemnity, critical illness, and group accident claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2020 were \$11,834,422.

**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 plan administrator, At 53 State Street Floor 14, Boston, MA 02109 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: 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.

**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 06/30/2022)