Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with

OMB Nos. 1210-0110 1210-0089

2013

Administration		ections to the Form		
Pansion Banefit Guaranty Corporation			· · · · · · · · · · · · · · · · · · ·	This Form is Open to Public Inspection
Part I Annual Report Ider	ntification Information			
For calendar plan year 2013 or fiscal		1/01/2013	and ending	12/31/2013
A This return/report is for:	a multiemployer plan;	a multi _l	ple-employer plan; or	
	X a single-employer plan;	aDFE	(specify)	
	Econol .	(444		
B This return/report is:	the first return/report;	The fina	l return/report;	
(1) (1) (1) (1) (1)	an amended return/report	1001	plan year return/report (less t	and 12 months
	L	17	• • •	***************************************
C If the plan is a collectively-bargaine	od plan, check here	and a		
D Check box if filling under:	Form 5558;	automa	itic extension;	the DFVC program;
	apecial extension (enter d	escription)		
Part II Basic Plan Inforn	nation—enter all requested inform	nation	······································	
1a Name of plan Seton Hall t			ırı	1b Three-digit plan
	THE TOTAL OF THE STATE OF THE S		***	number (PN) ► 503
				1c Effective date of plan
				09/16/1966
2a Plan sponsor's name and address	; include room or suite number (er	nployer, if for a single	o-employer plan)	2b Employer Identification
Seton Hall Universit	У			Number (EIN)
				22-1500645
				2c Sponsor's telephone
400 S Orange Avenue				number (973) 761-9181
100 b oxange nvenue				2d Business code (see
South Orange		NJ	07079-2646	Instructions)
				611000
			······································	
Caution: A penalty for the late or inc				
Under penalties of perjury and other postatements and attachments, as well a	enallies set forth in the instructions in the electronic version of this returns.	, I declare that I have ro/report, and to the I	examined this return/report, I	noluding accompanying schedules, inf. It is true, correct, and complete
		1 1		
SIGN James A	×	07 15/201	d Jane	Jacolos
HERE	***	V 11		
Signature of plan administ	rator	Date	Enter name of individual si	gning as plan administrator
SIGN HERE				
Signature of employer/plan	sponsor	Date	Enter name of individual si	gning as employer or plan sponsor

SIGN				
HERE				
Signature of DFE	If anyther blad and address a high-de-	Date	Enter name of Individual sign	
Preparer's name (including firm name,	ii applicable) and address; include	TOOM OF SUITE HUMBE		eparer's telephone number vilonal)
			1,	,
			286	
				100000000000000000000000000000000000000
			12333	

<u></u> ,	Form 5500 (2013) 130118	Page 2		
3a	Plan administrator's name and address XSame as Plan Sponsor Name Same	ame as Plan Sponsor Address	3b Administ	rator's EIN
			3c Administ number	rator's telephone
4	If the name and/or EIN of the plan sponsor has changed since the last return/re EIN and the plan number from the last return/report:	port filed for this plan, enter the name,	4b EIN	
a 	Sponsor's name		4c PN	The state of the s
5	Total number of participants at the beginning of the plan year		5	96
6	Number of participants as of the end of the plan year (welfare plans complete o	nly lines 6a, 6b, 6c, and 6d).		de ce
а	Active participants		6a	865
b	Retired or separated participants receiving benefits		. 6b	1.3
C	Other retired or separated participants entitled to future benefits	······································	6с	(
d	Subtotal. Add lines 6a, 6b, and 6c		. 6d	876
е	Deceased participants whose beneficiaries are receiving or are entitled to receive	ve benefits	. 6e	
f	Total. Add lines 6d and 6e.		. 6f	
g	Number of participants with account balances as of the end of the plan year (on complete this item)	ly defined contribution plans	. 6g	
h	Number of participants that terminated employment during the plan year with ac less than 100% vested	crued benefits that were	6h	
7	Enter the total number of employers obligated to contribute to the plan (only mul	tiemployer plans complete this item)	. 7	
	If the plan provides pension benefits, enter the applicable pension feature codes if the plan provides welfare benefits, enter the applicable welfare feature codes to $4\mathrm{A}$ $4\mathrm{B}$ $4\mathrm{D}$ $4\mathrm{L}$			
	Plan funding arrangement (check all that apply) (1) X Insurance (2) Code section 412(e)(3) insurance contracts (3) Trust (4) X General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are attact	Plan benefit arrangement (check all the (1)	insurance contra	
a	Pension_Schedules	D General Schedules	oor anaonea, (C	oo monucuons)
	(1) R (Retirement Plan Information)	/4) [] U /Eigensiel Inform		

(1)

(2)

(3) (4)

(5)

(6)

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

(2)

(3)

H (Financial Information)

3 A (Insurance Information)

I (Financial Information ~ Small Plan)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

C (Service Provider Information)

SCHEDULE A (Form 5500)

Department of the Treasury internal Revenue Service

Department of Labor Employee Benefits Security Administration

(b) Amount of sales and base commissions paid

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2013

Pension Benefit Guaranty C	orporation		s are required to provide to to ERISA section 103(a)(2	ERISA SECTION 103(a)(z).			his Form is Open to Public Inspection	
For calendar plan year 20	113 or fiscal p	lan year beginning	01/01/2013	and er	nding	12/31	/2013	
A Name of plan					ee-digit i number (PN	l) >	505	
Seton Hall Unive	rsity We	elfare Benefit Prog	ram					
C Plan sponsor's name a	s shown on I	ine 2a of Form 5500		D Emplo	oyer Identifica	ation Number	(EIN)	
Seton Hall Unive	rsity			22-1	L500645			
Part I Informati on a separat	on Concei le Schedule A	rning Insurance Contract. Individual contracts grouped	ct Coverage, Fees, a as a unit in Parts II and III	i nd Com can be rep	missions orted on a sir	Provide inform ngle Schedule	nation for each contract A.	
1 Coverage Information:								
(a) Name of insurance ca	rrier							
Cigna Health and	Life In	surance Company an	d affiliates					
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate no persons covered a				ontract year I	
	code	identification number	policy or contrac		(f)	From	(g) To	
59-1031071	67369	3334085	861		01/01	./2013	12/31/2013	
2 Insurance fee and comi descending order of the	mission inforr amount paid	nation. Enter the total fees and	total commissions paid. L	lst in line 3	the agents, b	prokers, and o	ther persons in	
(a) Total a	mount of con	nmissions paid		(b) To	otal amount o	f fees paid		
		6,991					114,037	
3 Persons receiving com	missions and	fees. (Complete as many entri	es as needed to report all	persons).				
		and address of the agent, brok	er, or other person to who	m commiss	ions or fees v	vere paid		
Mercer Health and 4565 Paysphere C.		ts LLC						
Chicago					I	L 60674-	-0000	
(b) Amount of sales an	d base	F	ees and other commission	ns paid				
commissions paid		(c) Amount		(d) Purpose)		(e) Organization code	
	6,991	111,856	Benefit Adviso	: Payme:	nts		3	
	(a) Name	and address of the agent, broke	ar or other person to who	n commicci	lane ar fana u	voro poid		
Mercer Health and 4565 Paysphere C	d Benefi	ts LLC	er, or other person to whor	ii commissi	Una UI IBBS V	vere bald		
Chicago					ı	L 60674-	-0000	

Fees and other commissions paid

General Agent Payments

(d) Purpose

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

(c) Amount

2,181

Schedule A (Form 5500) 2013 v. 130118

(e) Organization code

Schedule A (Form 550	0) 2013 130118	Page 2 -	
(a) i	Name and address of the agent, brok	ker, or other person to whom commissions or fees were pair	d
	, M		
(A.) A		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(a) N	lame and address of the agent, brok	ter, or other person to whom commissions or fees were paid	1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) N	ame and address of the agent, brok	er, or other person to whom commissions or fees were paid	l
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
(a) N	ame and address of the agent, brok	er, or other person to whom commissions or fees were paid	
		Food and other commissions and	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
polici de la companya	(o) ranoun	(u) Turpose	code
(a) Ni	ame and address of the agent, broke	ar, or other person to whom commissions or fees were paid	
	M		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Par	Where individual contracts are provided, the entire group of such ind	ividual contracts with each carrier ma	y be treated	as a unit for purposes of
4 0	this report. Furrent value of plan's interest under this contract in the general account at yea	or and	4	············
	turrent value of plan's interest under this contract in the general accounts at year			
	ontracts With Allocated Funds:	GHQ	<u>, , , , , , , , , , , , , , , , , , , </u>	
a				
-	The tree state of profitment and pro			
k	Premiums paid to carrier		. 6b	
c			6c	
C	. · · · · · · · · · · · · · · · · · · ·			
	retention of the contract or policy, enter amount.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6d	
	Specify nature of costs ▶			
	_			
e	Type of contract: (1) individual policies (2) group deferm	ed annuity		
	(3) ☐ other (specify) ▶			

1	If contract purchased, in whole or in part, to distribute benefits from a term	inating plan check here		
7 c	ontracts With Unallocated Funds (Do not include portions of these contracts m			
а	r	late participation guarantee		
	(3) guaranteed investment (4) other I	` · •		
	(3) [] guaranteed investment (4) [] other i			
h	Dalance at the and of the provious year		76	
b			7b	
b	Additions: (1) Contributions deposited during the year	<mark>.</mark> 7c(1)	7b	
	Additions: (1) Contributions deposited during the year(2) Dividends and credits	7c(1) 7c(2)	7b	
	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3)	7b	
	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4)	7b	
	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4)	7b	
	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4)	7b	
	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4)	7b	
	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)		
C	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	, 7c(6)	
C	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)		
C	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	, 7c(6)	
C	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	, 7c(6)	
C	Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below) (6)Total additions Total of balance and additions (add lines 7b and 7c(6)) Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(1) 7e(2)	, 7c(6)	
C	Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below) (6)Total additions Total of balance and additions (add lines 7b and 7c(6)) Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(1) 7e(2) 7e(3)	, 7c(6)	
C	Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below) (6)Total additions Total of balance and additions (add lines 7b and 7c(6)) Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(1) 7e(2) 7e(3)	, 7c(6)	
C	Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below) (6)Total additions Total of balance and additions (add lines 7b and 7c(6)) Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(1) 7e(2) 7e(3)	, 7c(6)	
C	Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below) (6)Total additions Total of balance and additions (add lines 7b and 7c(6)) Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(1) 7e(2) 7e(3)	, 7c(6)	
C	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(2) 7e(2) 7e(3) 7e(4)	. 7c(6) 7d	
C	Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below) (6)Total additions Total of balance and additions (add lines 7b and 7c(6)) Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(1) 7e(2) 7e(3) 7e(4)	, 7c(6)	

Schedule A	(Form	5500)	2013	1301	18

Page 4

Par	t III Welfare Benefit Contract Informat	ion					
	If more than one contract covers the same gr	oup of employees of the	same employ	er(s) or members of th	ne same em	ployee	organizations(s), the
	information may be combined for reporting pu	rposes if such contracts	are experienc	e-rated as a unit. Wh	ere contrac	ls cov	er individual employees,
	the entire group of such individual contracts v	with each carrier may be	reated as a u	nit for purposes of this	s report.		
	enefit and contract type (check all applicable boxes)	, <u>,</u>					
â	Health (other than dental or vision)	b X Dental	c	Vision		d 📗	Life insurance
€	Temporary disability (accident and sickness)	f Long-term disabili	ty \mathbf{g} 🗌	Supplemental unem	ployment	h 🗍	Prescription drug
i	Stop loss (large deductible)	j 🛛 HMO contract	k	PPO contract		ΙX	Indemnity contract
r	n Other (specify) ▶		•	•		+	•
9 E	perience-rated contracts:	***************************************	***************************************				
	Premiums: (1) Amount received		9a(1)	· · · · · · · · · · · · · · · · · · ·		-	
	(2) Increase (decrease) in amount due but unpaid		9a(2)			1	
	(3) Increase (decrease) in unearned premium res				***************************************	1	
	(4) Earned ((1) + (2) - (3))				9a(4)	200.70290.44	<u> </u>
ł	Benefit charges (1) Claims paid			······································	1		
	(2) Increase (decrease) in claim reserves					1	
	(3) Incurred claims (add (1) and (2))				9b(3)	250.00.05.25	
	(4) Claims charged				9b(4)		
C					·		
	(A) Commissions	***************************************	9c(1)(A)			1	
	(B) Administrative service or other fees	******************************	9c(1)(B)	·		1	
	(C) Other specific acquisition costs		9c(1)(C)			1	
	(D) Other expenses	.,,,	9c(1)(D)				
	(E) Taxes		9c(1)(E)				
	(F) Charges for risks or other contingencies		9c(1)(F)]	
	(G) Other retention charges		9c(1)(G)				
	(H) Total retention			************	9c(1)(H)		
	(2) Dividends or retroactive rate refunds. (These	amounts were 🗌 paid in	cash, or c	redited.)	9c(2)		
d	t in the second of the second				9d(1)		
	(2) Claim reserves	***********			9d(2)		
	(3) Other reserves	*************************	*************************	***************************************	9d(3)		
e	Dividends or retroactive rate refunds due. (Do no	l include amount entered	in line 9c(2).))	9e		
10 1	lonexperience-rated contracts:				·····		
a	Total premiums or subscription charges paid to ca	rrier			10a		11,974,989
b	If the carrier, service, or other organization incurre	d any specific costs in co	nnection with	the acquisition or			
	retention of the contract or policy, other than report	ted in Part I, line 2 above	e, report amou	.int	10b		
5	Specify nature of costs 🕨						
Part	IV Provision of Information						
		tion nonconstant	4- O-L1-1	A0 II	Yes	No	
	id the insurance company fail to provide any informa		ile Schedule /	٧٢	res K	IND	
14 1	the answer to line 11 is "Yes," specify the informatio	n not provided. 🕨					

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Renefit Guaranty Comoration

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2013

t distant south out any corporation	► Insurance companies are required to provide pursuant to ERISA section 103(m is Open to Public Inspection
For calendar plan year 2013 or fiscal pla	an year beginning 01/01/2013	and ending	12/31	/2013
A Name of plan		B Three-digit plan number (PN)	>	505
Seton Hall University We	lfare Benefit Program			
C Plan sponsor's name as shown on li	ne 2a of Form 5500	D Employer Identification	on Number (EIN)
Seton Hall University		22-1500645		

Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

Hartford Life and Accident

	(c) NAIC (d) Contract or (e) Approximate number		(e) Approximate number of	Policy or co	ontract year
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To
06-0838648	70815	208165G	1,135	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
7,106	

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

Mercer Health and Benefits LLC 4565 Paysphere Circle

Chicago

IL 60674

(b) Amount of sales and base Fees and other commissions paid		Fees and other commissions paid	(b) Amount of sales and base Fees and other of	
	(e) Organization code	(d) Purpose	(c) Amount	
7 106				7 100
7,106	3			
7,106	3			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

Mercer Human Resource 4565 Paysphere Circle

Chicago

IL 60674

(b) Amount of sales and base	F		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	2,641	Additional Compensation	3

Schedule A (Form 5500) 2013 130118		Page 2 -	
(a) N	ame and address of the agent,	broker, or other person to whom commissions or fees were pa	id
(b) Amount of sales and base	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code
(a) N:	ame and address of the agent,	broker, or other person to whom commissions or fees were pa	id
(b) Amount of sales and base		Fees and other commissions paid	(e) Organizatio
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	ame and address of the agent	oroker, or other person to whom commissions or fees were pai	id
	3,11	sterior, or other pureon to amount constitutions of tool word pur	
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(a) Na	me and address of the agent, t	proker, or other person to whom commissions or fees were pai	<u>d</u>
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, b	roker, or other person to whom commissions or fees were pair	d
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
		1	

P	art l	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indi	indeferat acontracta with analy courtar ma	u ha traatii il	
		this report.		y be lieated	as a unit for purposes of
4	Cur	rrent value of plan's interest under this contract in the general account at year	r end	. 4	
		ment value of plan's interest under this contract in separate accounts at year	end	5	
6	a	ntracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	C	Premiums due but unpaid at the end of the year		6c	····
	d	If the carrier, service, or other organization incurred any specific costs in co	onnection with the acquisition or	6d	···
		retention of the contract or policy, enter amount.			
		Specify nature of costs ►			
	_	Type of contrasts (4) Third bit all all the second and the second	4. 4		
	е	Type of contract: (1) individual policies (2) group deferre	ed annuity		
		(3) other (specify)			
	£		rm.		
	1	If contract purchased, in whole or in part, to distribute benefits from a termi			
,		ntracts With Unallocated Funds (Do not include portions of these contracts ma			
	а	· · · · · · · · · · · · · · · · · · ·	ate participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
	b	Ralance at the end of the previous year		7h	
	b c	Balance at the end of the previous year		7b	
		Balance at the end of the previous year	7c(1)	7b	
		Additions: (1) Contributions deposited during the year	7c(1) 7c(2)	7b	
•		Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3)	7b	
•		Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4)	7b	
		Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account	7c(1) 7c(2) 7c(3) 7c(4)	7b	
•		Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account	7c(1) 7c(2) 7c(3) 7c(4)	7b	
		Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)		
	C	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	7c(6)	
	d	Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below) (6)Total additions Total of balance and additions (add lines 7b and 7c(6))	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)		
	d e	Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below) (6)Total additions Total of balance and additions (add lines 7b and 7c(6)). Deductions:	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	7c(6)	
	d e	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	7c(6)	
	d e	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(2)	7c(6)	
	d d	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(2) 7e(2) 7e(3)	7c(6)	
	d d	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(2) 7e(2) 7e(3)	7c(6)	
	d d	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(2) 7e(2) 7e(3)	7c(6)	
	d d	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(2) 7e(2) 7e(3)	7c(6)	
	d e	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(2) 7e(2) 7e(3) 7e(4)	7c(6)	

Schedule A	(Form 5500)	2013	130118

Page 4

Part III Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pr	oup of employees of the surposes if such contracts a	are experienc	ce-rated as a unit. W	here contract	oloyee organization s cover individual e	s(s), the mployees,
the entire group of such individual contracts v	vith each carrier may be tr	eated as a u	inlt for purposes of th	is report.		
8 Benefit and contract type (check all applicable boxes)	.∏		1		. 53	
a 📗 Health (other than dental or vision)	b Dental	C	Vision		d 🛛 Life insurance	Э
e 🔲 Temporary disability (accident and sickness)	f Dung-term disability	y g	Supplemental uner	nployment	h Prescription of	drug
i Stop loss (large deductible)	j HMO contract		PPO contract		I Indemnity cor	ntract
m ☑ Other (specify) ▶accidental death	and dismemberme	nt				
		····		~		
9 Experience-rated contracts:	r			·····		
a Premiums: (1) Amount received		9a(1)	····]	
(2) Increase (decrease) in amount due but unpaid		9a(2)		·····		
(3) Increase (decrease) in unearned premium res		9a(3)				
(4) Earned ((1) + (2) - (3))	***************************************			9a(4)		
b Benefit charges (1) Claims paid		9b(1)				
(2) Increase (decrease) in claim reserves		9b(2)				
(3) Incurred claims (add (1) and (2))				9b(3)		
(4) Claims charged	***************************************			9b(4)		
C Remainder of premium: (1) Retention charges (or	n an accrual basis)					
(A) Commissions		9c(1)(A)				
(B) Administrative service or other fees		9c(1)(B)				
(C) Other specific acquisition costs		9c(1)(C)				
(D) Other expenses		9c(1)(D)				
(E) Taxes		9c(1)(E)				
(F) Charges for risks or other contingencies		9c(1)(F)				
(G) Other retention charges		9c(1)(G)		_		
(H) Total retention	·····		************	9c(1)(H)		
(2) Dividends or retroactive rate refunds. (These	amounts were 📗 paid in a	cash, or 🗌 c	redited.)	9c(2)		
d Status of policyholder reserves at end of year: (1)	Amount held to provide b	enefits after	retirement	9d(1)		
(2) Claim reserves						
(3) Other reserves	*******************************	*******	****************			
e Dividends or retroactive rate refunds due. (Do no	t include amount entered i	in line 9c(2).)			
10 Nonexperience-rated contracts:		······································	<u> </u>			
a Total premiums or subscription charges paid to ca	ırrler	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. 10a		317,694
b If the carrier, service, or other organization incurre retention of the contract or policy, other than repo	ed any specific costs in co	nnection with	n the acquisition or			
Specify nature of costs ▶						
						····
Part IV Provision of Information						
11 Did the insurance company fall to provide any informa	tion necessary to complet	te Schedule	A?	Yes X	No	

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2013

This Form is Open to Public pursuant to ERISA section 103(a)(2). Inspection 12/31/2013 01/01/2013 and ending

For calendar plan year 2013 or fiscal plan year beginning A Name of plan B Three-digit plan number (PN) 505 Seton Hall University Welfare Benefit Program C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN) Seton Hall University 22-1500645

Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

Hartford Life and Accident

	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy or co	ontract year
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To
06-0838648	70815	ADDS-02063	103	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid (b) Total amount of fees paid 1,692 0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

Mercer Health and Benefits LLC 4565 Paysphere Circle

Chicago IL 60674

(b) Amount of sales and base	Fees and o				
commissions paid	(c) Amount	mount (d) Purpose			
1,692			3		

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base	Fees a		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
1	***************************************		
			3

Schedule A (Form 5500) 2013 130118		Page 2 -	
(a) Nan	ne and address of the agent, bro	ker, or other person to whom commissions or fees were pai	d
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
(a) Nam	e and address of the agent, bro	ker, or other person to whom commissions or fees were pai	d
(b) Amount of sales and base	/-> A	Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nam	e and address of the agent, broi	cer, or other person to whom commissions or fees were paid	<u> </u>
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nam	e and address of the agent, brok	er, or other person to whom commissions or fees were paid	İ
		Face and other completions not	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
		(4)	3333

(a) Nom	and address of the agent, brok	er, or other person to whom commissions or fees were paid	
(a) Ivana	and address of the agent, blok	er, or other person to whom commissions or lees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

_	
Dana	- 1
I auc	-

200	Part	Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indi this report.	vidual contracts with each carrier	may be treated	as a unit for purposes of
4	Cu	rrent value of plan's interest under this contract in the general account at year	rend	4	
		rrent value of plan's interest under this contract in separate accounts at year			
6		ntracts With Allocated Funds:		I	
	а	State the basis of premium rates ▶			
	b	Premiums paid to carrier	***************************************	6b	
	C	Premiums due but unpaid at the end of the year		6с	
	d	If the carrier, service, or other organization incurred any specific costs in contact the service of the carrier of the carrie		6d	
		retention of the contract or policy, enter amount.	***************************************	<u> </u>	
		Specify nature of costs ▶			
	_	Time of contract (4) [] individual validation (0) [] when defending			
	е	Type of contract: (1) individual policies (2) group deferre	ed annuity		
		(3) ☐ other (specify) ►			
	_		,	•••	
	f	If contract purchased, in whole or in part, to distribute benefits from a termi			
7	Cor	ntracts With Unallocated Funds (Do not include portions of these contracts ma	aintained in separate accounts)		
	а	Type of contract: (1) deposit administration (2) immedi	ate participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶	•		
	b	Balance at the end of the previous year		7b	
	b c	Balance at the end of the previous year		7b	
••••••			7c(1)	7b	
		Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3)	7b	
•		Additions: (1) Contributions deposited during the year(2) Dividends and credits	7c(1) 7c(2) 7c(3) 7c(4)	7b	
		Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4)	7b	
		Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account	7c(1) 7c(2) 7c(3) 7c(4)	7b	
		Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account	7c(1) 7c(2) 7c(3) 7c(4)	7b	
		Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account	7c(1) 7c(2) 7c(3) 7c(4)	7b	
	C	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	7c(6)	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	7c(6)	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	7c(6)	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	7c(6)	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	7c(6)	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(2) 7e(2) 7e(3)	7c(6)	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(2) 7e(2) 7e(3)	7c(6)	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(2) 7e(2) 7e(3)	7c(6)	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(2) 7e(2) 7e(3)	7c(6)	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(2) 7e(2) 7e(3)	7c(6)	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(2) 7e(3) 7e(4)	7c(6) 7d	

Schedule A	(Form	5500)	2013	1301	18

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Pa	urt I	Welfare Benefit Contract Information If more than one contract covers the same group of employees of the information may be combined for reporting purposes if such contracts the entire group of such individual contracts with each carrier may be to	are exper	ienc	e-rated as a unit. Wh	ere contrac	ployee organizations(s), the ts cover individual employees,
8	Ber	nefit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision) b Dental		с∏	Vision		d Life insurance
	e	Temporary disability (accident and sickness) f Long-term disability			Supplemental unem	nlovment	h Prescription drug
	i	Stop loss (large deductible)			PPO contract	pioymoni	Indemnity contract
	m	found		"LJ	110 contract		and indentity contract
		land					
9	Ехр	perience-rated contracts:				······································	
	а	Premiums: (1) Amount received	9a(1)				
		(2) Increase (decrease) in amount due but unpaid	9a(2)	T		······	1
		(3) Increase (decrease) in unearned premium reserve	9a(3)		······		
		(4) Earned ((1) + (2) - (3))				9a(4)	
	b	Benefit charges (1) Claims paid	9b(1)				
		(2) Increase (decrease) in claim reserves	9b(2)				
		(3) Incurred claims (add (1) and (2))	***********	******		9b(3)	
		(4) Claims charged	**********	******		9b(4)	
	C	Remainder of premium: (1) Retention charges (on an accrual basis)					
		(A) Commissions	9c(1)(A	()]
		(B) Administrative service or other fees					
		(C) Other specific acquisition costs	9c(1)(C				
		(D) Other expenses	9c(1)(D				
		(E) Taxes	9c(1)(E	<u>-</u>]
		(F) Charges for risks or other contingencies	9c(1)(F]
		(G) Other retention charges	9c(1)(G)			20.00
		(H) Total retention				9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These amounts were paid in	cash, or	C!	redited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to provide it	benefits a	fter r	retirement	9d(1)	
		(2) Claim reserves			***************************************	9d(2)	
		(3) Other reserves			**********************	9d(3)	
	e	Dividends or retroactive rate refunds due. (Do not include amount entered	in line 9c	(2).)		9e	
10	No	nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to carrier				10a	11,277
	b	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, other than reported in Part I, line 2 above	onnection	with	the acquisition or	10b	
	Sp	pecify nature of costs	, ,		•		
Par	t IN	Provision of Information					
		the insurance company fall to provide any information necessary to comple	ete Sched	ule /	ν?	Yes 🕅	No
							