**SUMMARY ANNUAL REPORT FOR**

**SHIELDS HEALTH CARE GROUP INC. WELFARE BENEFIT PLAN**

This is a summary of the annual report of the SHIELDS HEALTH CARE GROUP INC. WELFARE BENEFIT PLAN, a health, life insurance, dental, vision, temporary disability, long-term disability and death benefits plan (Employer Identification Number 04-3164965, Plan Number 502), for the plan year 01/01/2023 through 12/31/2023. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

SHIELDS HEALTH CARE GROUP INC. has committed itself to pay certain Medical, Dental, RX claims incurred under the terms of the plan.

**Insurance Information**

The plan has insurance contracts with EYEMED VISION CARE, COLONIAL LIFE & ACCIDENT INSURANCE COMPANY and LIFE INSURANCE COMPANY OF NORTH AMERICA to pay certain Vision, Worksite Benefits, Life insurance, EAP, AD&D, Temporary disability, Long-term disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2023 were $391,020.

**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 CHRISTINE MAVILIA, who is a representative of the plan administrator, at 700 CONGRESS STREET, SUITE 204, QUINCY, MA 02169 and phone number, 617-376-7418. The charge to cover copying costs will be $2.50 for the full annual report, or $.30 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: 700 CONGRESS STREET, SUITE 204, QUINCY, MA 02169, 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. The annual report is also available online at the Department of Labor website www.efast.dol.gov.