

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: LIFEWORKS INC. HEALTH & WELFARE PLAN
1b Three-digit plan number (PN): 502
1c Effective date of plan: 09/01/1995
2a Plan sponsor's name (employer, if for a single-employer plan): LIFEWORKS INC.
2b Employer Identification Number (EIN): 22-2512887
2c Plan Sponsor's telephone number: 781-762-4001
2d Business code (see instructions): 624100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for plan administrator, employer/plan sponsor, and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	288
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	288
	<b>6a(2)</b>	311
	<b>6b</b>	2
	<b>6c</b>	0
	<b>6d</b>	313
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4A 4B 4E 4F 4H 4Q

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>4</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<p><b>A</b> Name of plan <b>LIFEWORKS INC. HEALTH &amp; WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>502</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LIFEWORKS INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-2512887</b></p>	

**Part I 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  
**COLONIAL LIFE & ACCIDENT INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
57-0144607	62049	E3985959	25	07/01/2024	06/30/2025

**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>1998</b>	(b) Total amount of fees paid <b>212</b>
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**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  
**BROWN & BROWN OF MASSACHUSETTS**      **980 WASHINGTON STREET**  
**SUITE 325**  
**DEDHAM, MA 02026**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
798	87	BONUS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**COLGATE BENEFITS INC**      **43 MAGILL DRIVE**  
**GRAFTON, MA 01519**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
435	50	BONUS	3

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

ENROLLMENT SOLUTIONS, LTD 65 BURBANK RD  
SUTTON, MA 01590

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
286	75	BONUS	3

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

MARY-JOYCE LICATA 24 CORIANDER LN  
NORTH KINGSTOWN, RI 02852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
219			3

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

STEPHANIE DECHRISTOFARO 1225 BLACK OAK DRIVE  
MURFREESBORO, TN 37128

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
130			3

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

MICHAEL R ACKERMAN 435 DEVON PARK DR  
WAYNE, PA 19087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
87			3

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

FLEURY ENTERPRISES INC 162 INDIAN POINT RD  
TIVERTON, RI 02878

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28			3

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

KARIN ANGELIS

2639 N RIVERSIDE DRIVE  
POMPANO BEACH, FL 33062

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15			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 commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** 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 connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) **▶ ACCIDENT & MEDICAL BRIDGE**

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		23273
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶



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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** 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 connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>		
	<b>7c(2)</b>		
	<b>7c(3)</b>		
	<b>7c(4)</b>		
	<b>7c(5)</b>		
(6) Total additions .....	<b>7c(6)</b>	0	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0	
<b>e</b> Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year		<b>7e(1)</b>
	(2) Administration charge made by carrier.....		<b>7e(2)</b>
	(3) Transferred to separate account .....		<b>7e(3)</b>
	(4) Other (specify below) .....		<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0	

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶ **AD&D**

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		136285
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<p><b>A</b> Name of plan <b>LIFEWORKS INC. HEALTH &amp; WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>502</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LIFEWORKS INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-2512887</b></p>	

**Part I 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  
**MASS GENERAL BRIGHAM HEALTH PLAN**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-2932021	11109	ARAC100977084	182	07/01/2024	06/30/2025

**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.

<p><b>(a)</b> Total amount of commissions paid <b>58830</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></p>
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**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

**BROWN & BROWN OF MASSACHUSETTS**      **980 WASHINGTON STREET**  
**SUITE 325**  
**DEDHAM, MA 02026**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
58830			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 commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** 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 connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		261810
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<p><b>A</b> Name of plan <b>LIFEWORKS INC. HEALTH &amp; WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>502</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LIFEWORKS INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-2512887</b></p>	

**Part I 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  
**FIDELITY SECURITY LIFE INSURANCE COMPANY / EYEMED**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-0949844	71870	10171961001	205	07/01/2024	06/30/2025

**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.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;"><b>1451</b></p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;"><b>0</b></p>
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**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

**BROWN & BROWN OF MASSACHUSETTS**      **980 WASHINGTON STREET**  
**SUITE 325**  
**DEDHAM, MA 02026**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1451			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 commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** 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 connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		15990
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

Colonial Life & Accident Insurance Company  
Post Office Box 1365  
Columbia, SC 29202-1365



Lifeworks Inc  
Attn: Brenda Calder/Richard Atkind  
789 Clapboardtree St  
Westwood, MA 02090

November 7, 2025

Re: Information Schedule A (Form 5500)  
BCN: E3985959

Dear Brenda Calder/Richard Atkind:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at [www.efast.dol.gov](http://www.efast.dol.gov). Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department



000001 E39859590000000 004 000

Insurance Data for Schedule A Form 5500

**AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.**

**Name of Carrier:** Colonial Life & Accident Insurance Company  
Post Office Box 1365  
Columbia, SC 29202-1365

**Carrier EIN:** 57-0144607  
**Carrier NAIC Code:** 62049

**Account Name:** Lifeworks Inc  
**Billing Control Number:** E3985959  
**Plan Year Date Range:** 07/01/2024 - 06/30/2025

**Organization Code For Agents/Producers: 3**

**Amount for Pre-tax or Employer Paid Premium:** \$0.00  
**Amount for After Tax Paid Premium:** \$23,273.22  
**Total Paid Premium:** \$23,273.22

**APPROXIMATE NUMBER OF PERSONS COVERED IN JUNE 2025: 25**

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Insurance Fees and Commission Information for Schedule A Form 5500

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<b>Agent/Producer Name Address</b>	<b>Amount of Commissions On Pre-Tax Or Employer Paid Policies</b>	<b>Amount of Commissions On After Tax Or Employee Paid Policies</b>	<b>Total Commissions Paid</b>	<b>Amount of Fees Paid If Any</b>
Karin Angelis 2639 N Riverside Dr Apt 1104 Pompano Beach FL 33062	\$0.00	\$14.70	\$14.70	\$0.00
Mary-Joyce Licata 24 Coriander Ln North Kingstown RI 02852	\$0.00	\$218.71	\$218.71	\$0.00
Stephanie Dechristofaro 1225 Black Oak Dr Murfreesboro TN 37128	\$0.00	\$129.65	\$129.65	\$0.00
Michael R Ackerman 275 Commerce Dr., Suite 301 Fort Washington PA 19034	\$0.00	\$86.88	\$86.88	\$0.00

<b>Agent/Producer Name Address</b>	<b>Amount of Commissions On Pre-Tax Or Employer Paid Policies</b>	<b>Amount of Commissions On After Tax Or Employee Paid Policies</b>	<b>Total Commissions Paid</b>	<b>Amount of Fees Paid If Any</b>
Enrollment Solutions Ltd 65 Burbank Rd Sutton MA 01590	\$0.00	\$286.38	\$286.38	\$75.43
Brown & Brown Insurance Services In 980 Washington St Ste 325 Dedham MA 02026	\$0.00	\$797.56	\$797.56	\$87.34
Colgate Benefits Inc 43 Magill Dr Grafton MA 01519	\$0.00	\$435.15	\$435.15	\$50.46
Fleury Enterprises Inc 162 Indian Point Rd Tiverton RI 02878	\$0.00	\$28.28	\$28.28	\$0.00
<b>Grand Totals</b>	<b>\$0.00</b>	<b>\$1,997.31</b>	<b>\$1,997.31</b>	<b>\$213.23</b>



000002 E3985959000000 004 001

**Certification Statement**

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.

Ben Quick  
 AVP of Sales Compensation

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# Vision Insurance Information For Form 5500

Information Compiled By: EyeMed Vision Care on behalf of the Fidelity Security Life Insurance Company

Report Start Date	Report End Date
7/1/24	6/30/25

Report Generated: 11/7/25

**Payments Received by carrier from plan or plan sponsor:**

Name of Plan	Contract or ID #	Enrollment Group	Approximate number of subscribers covered at end of policy or contract year:	Approximate number of subscribers and dependents covered at end of policy or contract year:	EIN	NAIC		Amount
LIFEWORKS, INC	10171961001	LIFEWORKS, INC.	151	205	430949844	71870		\$15,989.71
							<b>Total:</b>	<b>\$15,989.71</b>

**Commissions or fees paid by carrier to agents, brokers or other persons:**

Payee Name	Contract or ID #	Address Line 1	City	State	Zip Code		Amount	
Brown & Brown Insurance Services, Inc. -	10171961001	980 Washington St Suite 325	Dedham	MA	02026		\$1,195.31	
Brown & Brown of MA	10171961001	P.O. Box 745949	Atlanta	GA	30374-5949		\$256.13	
							<b>Total:</b>	<b>\$1,451.44</b>

Note: Payments and applicable fees or commissions related to the plan or plan sponsor, which are not paid and posted within the date range provided above, are not included in this report. Instead, such payments will be included in prior or subsequent Schedule A reporting, as appropriate. Payments and applicable fees or commissions may vary from the carrier's billed amounts.



Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

**The Lincoln National Life  
Insurance Company**

8801 Indian Hills Drive  
Omaha, NE 68114-4066  
toll free (800) 423-2765  
www.LFG.com

November 10, 2025

LIFEWORKS, INC.  
789 CLAPBOARDTREE ST.  
WESTWOOD MA 02090

RE: Group Policy Number: 000010020525 00000  
Schedule A Reporting For: 07/01/2024 to 06/30/2025

Dear Client:

ERISA regulations may require your employee benefit plan administrator to file an annual report (Form 5500 and Schedule A) with the Department of Labor if the plan had 100 or more participants at the beginning of the plan year. If you are not sure whether you need to file a Form 5500, you may want to contact your own attorney, tax or benefits consultant.

As an aid in your completion of Schedule A, enclosed is the required information for your group insurance plan underwritten by The Lincoln National Life Insurance Company. Premiums reported are based on premiums received and applied within the reporting period listed above.

Contingent compensation payments are part of our overall expenses and are spread into the pricing across all lines of business. Please be advised that the broker listed below has previously received a copy of this information.

We appreciate your business and thank you for being a valued Lincoln Financial Group customer. For your convenience, please visit us at [www.lincolnfinancial.com](http://www.lincolnfinancial.com) to view forms and policy information, access online service options and much more. If you have any questions, please contact us at 800-423-2765.

Enclosure

CC: BROWN & BROWN INS SERVICES INC  
980 WASHINGTON ST STE 325  
DEDHAM MA 02026

**THE LINCOLN NATIONAL LIFE INSURANCE COMPANY  
SCHEDULE A REPORTING INFORMATION**

A. Name of Plan: LIFEWORCS, INC.

**Part I - Information Concerning Insurance Contract Coverage, Fees, and Commissions**

1. Coverage:

- (a) Name of insurance carrier: The Lincoln National Life Insurance Company
- (b) EIN: 35-0472300
- (c) NAIC code: 65676
- (d) Contract or identification number: 000010020525 00000

Benefits & Contract Type (Part III,#8)	Number of Persons on the Last Day of the Reporting Period (e)	Reporting Period	
		From (f)	To (g)
AD&D	311	07/01/2024	06/30/2025
Life	311	07/01/2024	06/30/2025

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
\$4,932.01	\$697.86

3. Insurance fees and commissions paid to agents, brokers, and other persons:

Name and address to whom payments were paid (a)	Amount of sales and base commissions paid (b)	Fees and other commissions paid Amount (c)	Purpose (d)	Org. Code (e)
BROWN & BROWN INS SERVICES INC 980 WASHINGTON ST STE 325 DEDHAM, MA 02026	\$4,562.83			3
<b>Totals:</b>	<b>\$4,562.83</b>	<b>\$0.00</b>		
BROWN & BROWN OF MA LLC 980 WASHINGTON ST STE 325 DEDHAM, MA 02026	\$369.18	\$697.86	Broker Bonus	3
<b>Totals:</b>	<b>\$369.18</b>	<b>\$697.86</b>		

**Part III - Welfare Benefit Contract Information**

- 8. Benefit and contract type: see Part I, section 1, column 1 above
- 10. Nonexperience-rated contracts:
  - (a) Total premiums or subscription charges paid to carrier... \$54,800.13

The Lincoln National Life Insurance Company  
8801 Indian Hills Drive  
Omaha, NE 68114-4066



Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

**The Lincoln National Life  
Insurance Company**

8801 Indian Hills Drive  
Omaha, NE 68114-4066  
toll free (800) 423-2765  
www.LFG.com

November 10, 2025

LIFEWORKS, INC.  
789 CLAPBOARDTREE ST.  
WESTWOOD MA 02090

RE: Group Policy Number: 000010179222 00000  
Schedule A Reporting For: 07/01/2024 to 06/30/2025

Dear Client:

ERISA regulations may require your employee benefit plan administrator to file an annual report (Form 5500 and Schedule A) with the Department of Labor if the plan had 100 or more participants at the beginning of the plan year. If you are not sure whether you need to file a Form 5500, you may want to contact your own attorney, tax or benefits consultant.

As an aid in your completion of Schedule A, enclosed is the required information for your group insurance plan underwritten by The Lincoln National Life Insurance Company. Premiums reported are based on premiums received and applied within the reporting period listed above.

Contingent compensation payments are part of our overall expenses and are spread into the pricing across all lines of business. Please be advised that the broker listed below has previously received a copy of this information.

We appreciate your business and thank you for being a valued Lincoln Financial Group customer. For your convenience, please visit us at [www.lincolnfinancial.com](http://www.lincolnfinancial.com) to view forms and policy information, access online service options and much more. If you have any questions, please contact us at 800-423-2765.

Enclosure

CC: BROWN & BROWN INS SERVICES INC  
980 WASHINGTON ST STE 325  
DEDHAM MA 02026

**THE LINCOLN NATIONAL LIFE INSURANCE COMPANY  
SCHEDULE A REPORTING INFORMATION**

A. Name of Plan: LIFEWORCS, INC.

**Part I - Information Concerning Insurance Contract Coverage, Fees, and Commissions**

1. Coverage:

- (a) Name of insurance carrier: The Lincoln National Life Insurance Company
- (b) EIN: 35-0472300
- (c) NAIC code: 65676
- (d) Contract or identification number: 000010179222 00000

Benefits & Contract Type (Part III,#8)	Number of Persons on the Last Day of the Reporting Period (e)	Reporting Period	
		From (f)	To (g)
LTD	310	07/01/2024	06/30/2025

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
\$4,814.86	\$1,004.45

3. Insurance fees and commissions paid to agents, brokers, and other persons:

Name and address to whom payments were paid (a)	Amount of sales and base commissions paid (b)	Fees and other commissions paid Amount (c)	Purpose (d)	Org. Code (e)
BROWN & BROWN INS SERVICES INC 980 WASHINGTON ST STE 325 DEDHAM, MA 02026	\$4,755.68			3
<b>Totals:</b>	<b>\$4,755.68</b>	<b>\$0.00</b>		
BROWN & BROWN OF MA LLC 980 WASHINGTON ST STE 325 DEDHAM, MA 02026	\$59.18	\$1,004.45	Broker Bonus	3
<b>Totals:</b>	<b>\$59.18</b>	<b>\$1,004.45</b>		

**Part III - Welfare Benefit Contract Information**

- 8. Benefit and contract type: see Part I, section 1, column 1 above
- 10. Nonexperience-rated contracts:
  - (a) Total premiums or subscription charges paid to carrier... \$81,484.62

The Lincoln National Life Insurance Company  
8801 Indian Hills Drive  
Omaha, NE 68114-4066

# Mass General Brigham Health Plan

## Schedule A Information

Group Name	LIFEWORKS, INC.
Group Number	ARAC100977084
Contract Period	07/01/2024 to 06/30/2025
Broker	Sandy McQuade/Brown & Brown of Massachusetts, LLC
Commission Paid	\$58,830.00
Billed Premiums Totals (Networks)	\$1,608,505.31
Billed Premiums Totals (EPO)	\$1,013,305.11
Contract Period (HMO)	07/01/2024 to 06/30/2025
Number of Subscribers	182
Individual	JXNEPO-\$888.94
Individual and Family	JXNEPO-\$2,331.65
Individual	JXNMG-\$814.18
Individual and Family	JXNMG-\$2,135.57

AHP NAIC = 11109

AHP Tax ID = 04-2932021

**Mass General Brigham Health Plan**  
**Billing Invoice Register**  
**11/07/2025**  
**Ad Hoc Invoice Register Report**  
**Detail Report**

Primary Coverage Period: 07/01/2024 to 06/30/2025

**Program:** COMMERCIAL-NETWORKS

AR Account Name	AR Account Number	Invoice Number	Invoice Date	Invoice Due Date	Retro Amount	Current Amount	Total Invoice Amount
LIFEWORKS, INC.	ARAC100977084	036195266	06/26/2024	07/01/2024	\$0.00	\$127,880.11	\$127,880.11
LIFEWORKS, INC.	ARAC100977084	036241677	07/15/2024	08/01/2024	\$1,628.36	\$129,508.47	\$131,136.83
LIFEWORKS, INC.	ARAC100977084	036290380	08/17/2024	09/01/2024	\$0.00	\$129,508.47	\$129,508.47
LIFEWORKS, INC.	ARAC100977084	036374128	09/16/2024	10/01/2024	\$3,689.08	\$131,951.01	\$135,620.09
LIFEWORKS, INC.	ARAC100977084	036422900	10/15/2024	11/01/2024	(\$3,258.14)	\$130,829.86	\$127,571.72
LIFEWORKS, INC.	ARAC100977084	036472715	11/14/2024	12/01/2024	\$468.37	\$131,644.04	\$132,112.41
LIFEWORKS, INC.	ARAC100977084	036522501	12/15/2024	01/01/2025	\$2,834.89	\$133,979.85	\$136,814.74
LIFEWORKS, INC.	ARAC100977084	036582527	01/13/2025	02/01/2025	\$5,332.45	\$137,743.78	\$143,076.23
LIFEWORKS, INC.	ARAC100977084	036644146	02/13/2025	03/01/2025	(\$7,475.81)	\$138,050.75	\$130,574.94
LIFEWORKS, INC.	ARAC100977084	036749199	03/13/2025	04/01/2025	\$87.24	\$138,050.75	\$138,137.99
LIFEWORKS, INC.	ARAC100977084	036821501	04/14/2025	05/01/2025	(\$1,129.34)	\$138,050.75	\$136,921.41
LIFEWORKS, INC.	ARAC100977084	036922337	05/13/2025	06/01/2025	\$4,505.13	\$141,307.47	\$145,812.60

**COMMERCIAL-NETWORKS** # of Invoices: 12

**Sub-Totals** \$6,662.23 \$1,608,505.31 \$1,615,167.54

**Program:** EPO

AR Account Name	AR Account Number	Invoice Number	Invoice Date	Invoice Due Date	Retro Amount	Current Amount	Total Invoice Amount
LIFEWORKS, INC.	ARAC100977084	036195266	06/26/2024	07/01/2024	\$0.00	\$87,189.07	\$87,189.07
LIFEWORKS, INC.	ARAC100977084	036241677	07/15/2024	08/01/2024	\$888.94	\$88,078.01	\$88,966.95
LIFEWORKS, INC.	ARAC100977084	036290380	08/17/2024	09/01/2024	\$1,118.34	\$88,966.95	\$90,085.29
LIFEWORKS, INC.	ARAC100977084	036374128	09/16/2024	10/01/2024	\$0.00	\$88,966.95	\$88,966.95
LIFEWORKS, INC.	ARAC100977084	036422900	10/15/2024	11/01/2024	\$622.26	\$89,855.89	\$90,478.15
LIFEWORKS, INC.	ARAC100977084	036472715	11/14/2024	12/01/2024	(\$14,821.32)	\$83,414.71	\$68,593.39
LIFEWORKS, INC.	ARAC100977084	036522501	12/15/2024	01/01/2025	\$0.00	\$83,414.71	\$83,414.71
LIFEWORKS, INC.	ARAC100977084	036582527	01/13/2025	02/01/2025	\$0.00	\$83,414.71	\$83,414.71
LIFEWORKS, INC.	ARAC100977084	036644146	02/13/2025	03/01/2025	(\$306.22)	\$82,525.77	\$82,219.55
LIFEWORKS, INC.	ARAC100977084	036749199	03/13/2025	04/01/2025	(\$3,183.29)	\$79,640.35	\$76,457.06
LIFEWORKS, INC.	ARAC100977084	036821501	04/14/2025	05/01/2025	(\$6,712.46)	\$79,640.35	\$72,927.89
LIFEWORKS, INC.	ARAC100977084	036922337	05/13/2025	06/01/2025	(\$4,634.64)	\$78,197.64	\$73,563.00

**EPO** # of Invoices: 12

**Sub-Totals** (\$27,028.39) \$1,013,305.11 \$986,276.72

**Report Totals:**

Primary Coverage Period	# of Invoices	Total Invoice Amount:
07/01/2024 to 06/30/2025	24	\$2,621,810.42

Payment Date	Payment Period	Broker Name	CGE Group #	Commission Period	Amount
08/16/24	202408	Brown & Brown of Massachusetts, LLC	Group: JXN	202407	\$ 4,860.00
09/13/24	202409	Brown & Brown of Massachusetts, LLC	Group: JXN	202408	\$ 4,950.00
10/16/24	202410	Brown & Brown of Massachusetts, LLC	Group: JXN	202409	\$ 4,935.00
11/14/24	202411	Brown & Brown of Massachusetts, LLC	Group: JXN	202410	\$ 5,010.00
12/16/24	202412	Brown & Brown of Massachusetts, LLC	Group: JXN	202411	\$ 4,875.00
01/21/25	202501	Brown & Brown of Massachusetts, LLC	Group: JXN	202412	\$ 4,785.00
01/01/25	202501	Brown & Brown of Massachusetts, LLC	Group: JXN	202501	\$ 4,830.00
02/01/25	202502	Brown & Brown of Massachusetts, LLC	Group: JXN	202502	\$ 4,950.00
03/01/25	202503	Brown & Brown of Massachusetts, LLC	Group: JXN	202503	\$ 4,845.00
04/01/25	202505	Brown & Brown of Massachusetts, LLC	Group: JXN	202504	\$ 4,935.00
05/01/25	202506	Brown & Brown of Massachusetts, LLC	Group: JXN	202505	\$ 4,800.00
06/01/25	202507	Brown & Brown of Massachusetts, LLC	Group: JXN	202506	\$ 5,055.00
					<b>\$ 58,830.00</b>

## PREMIUM ACTIVITY STATEMENT

**DATE**                      **05/16/2025**

**DUE DATE**                **06/01/2025**

<b>Group Number</b>	<b>JXN</b>
<b>Account Number</b>	<b>CGEAC00005663</b>
<b>Balance Due</b>	<b>\$219,375.60</b>

**Billing/Enrollment:**                      **866-643-8392**

**Email:**            **HealthPlanBrokerAccountSupport@mgb.org**

**1000000CGEAC00005663000JXN2025051600219375604**

### Current Coverage Contract Summary

Product	#Contracts	/ ContractType	Contract Rate	Total
<b>JXNEPO - LIFEWORKS, INC.</b>				
LG_LIFEWORKS COMPLETE ACCESS E	46	Individual	888.94	40,891.24
LG_LIFEWORKS COMPLETE ACCESS E	16	Individual and Family	2,331.65	37,306.40
<b>JXNMG - LIFEWORKS, INC.</b>				
LG_CHOICE ETHN HMO 3000 ER150	87	Individual	814.18	70,833.66
LG_CHOICE ETHN HMO 3000 ER150	33	Individual and Family	2,135.57	70,473.81
<b>Total Contracts</b>	<b>182</b>	<b>Contracts</b>	<b>Total Current Charges</b>	<b>219,505.11</b>

**BALANCE DUE - 06/01/2025**

**\$219,375.60**