

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

Date Completed: 11/28/2022 11:35 AM EST

Confirmation Number: 10714  
Amended Confirmation Number: 10713

Employer Information

Name: Hospice Care of Southwest Michigan  
Address: 7100 Stadium Drive  
City: Kalamazoo  
State: MI  
Zip Code: 49009

Plan Administrator Information

Name: Monica Lloyd  
Address: 7100 Stadium Drive  
City: Kalamazoo  
State: MI  
Zip Code: 49009  
Phone: 2692900284  
Email: mlloyd@centricacare.org

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	457(b)	Number of Employees: 20
ID:2	Plan Name:	457(f)	Number of Employees: 6

Additional Information:



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 10714. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.