

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

Date Completed: 4/22/2023 10:13 AM EST

Confirmation Number: 11458

Amended Confirmation Number:

Employer Information

Name: Sedation Vacation Perioperative Medicine PLLC
Address: 811 Wilson Street
City: Valley Stream
State: NY
Zip Code: 11581

Plan Administrator Information

Name: Avishai Neuman
Address: 811 Wilson Street
City: Valley Stream
State: NY
Zip Code: 11581
Phone: 9176814963
Email: anq81md@yahoo.com

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:	Sedation Vacation Perioperative Medicine PLLCC Nonqualified Deferred Compensation Plan for Avishai Neuman	Number of Employees: 1
ID:2	Plan Name:	Sedation Vacation Perioperative Medicine PLLCC Nonqualified Deferred Compensation Plan for Dan Geisler	Number of Employees: 1
ID:3	Plan Name:	Sedation Vacation Perioperative Medicine PLLCC Nonqualified Deferred Compensation Plan for Dov Ginsburg	Number of Employees: 1
ID:4	Plan Name:	Sedation Vacation Perioperative Medicine PLLCC Nonqualified Deferred Compensation Plan for Shanon Kleinman	Number of Employees: 1

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 11458. 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.