

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

Date Completed: 1/12/2024 9:31 AM EST

Confirmation Number: 12586  
Amended Confirmation Number:

Employer Information

Name: University of Miami Health System  
Address: 1320 South Dixie Highway, Suit 100  
City: Coral Gables  
State: FL  
Zip Code: 33146

Plan Administrator Information

Name: Cristina Elgarresta, Assoc. VP, Total Rewards  
Address: 1320 South Dixie Highway, Suit 100  
City: Coral Gables  
State: FL  
Zip Code: 33146  
Phone: 3052845090  
Email: celgarresta@miami.edu

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:	UNIVERSITY OF MIAMI HEALTH SYTEM 457(f) DEFERRED COMPENSATION PLAN	Number of Employees: 8
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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 12586. 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.