

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

Date Completed: 1/17/2024 2:57 PM EST

Confirmation Number: 12614

Amended Confirmation Number:

Employer Information

Name: Adirondack Health Institute, Inc.  
Address: 100 Glens Street, Suite 1A  
City: Glens Falls  
State: NY  
Zip Code: 12801

Plan Administrator Information

Name: Adirondack Health Institute, Inc  
Address: 100 Glens Street, Suite 1A  
City: Glens Falls  
State: NY  
Zip Code: 12801  
Phone: 5184800111  
Email: swright@ahihealth.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:	Adirondack Health Institute, Inc. 457(b) Plan	Number of Employees: 3
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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 12614. 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.