

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

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Confirmation Number: 14558

Amended Confirmation Number:

Employer Information

Name: Wisconsin Association of Health Plans  
Address: 10 E. Doty Street Suite 503  
City: Madison  
State: WI  
Zip Code: 53703

Plan Administrator Information

Name: John Nygren  
Address: 10 E. Doty Street Suite 503  
City: Madison  
State: WI  
Zip Code: 53703  
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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:	Wisconsin Association of Health Plans Deferred Compensation Plan	Number of Employees: 1
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Additional Information:

The Wisconsin Association of Health Plans is the voice of 14 community-based health plans that provide health insurance coverage in every county of the state. For 40 years, our association has worked with state policymakers, regulators, and agency leaders to address health insurance issues affecting Wisconsinites. The work of the association is primarily carried out by its executive director under the guidance of a board of directors and with the support of a small clerical and research staff. The association desires to be competitive in recruiting top talent, especially for the executive director position, the organization's one highly compensated employee. The association already provides a 401(k) plan for all employees. Adding a Non-governmental 457(b) for use by the executive director is needed for the association to have a competitive pay and benefits package for employees at all levels. This is a "Top Hat" plan for one employee only.



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 14558. 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.