

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

Date Completed: 1/30/2026 10:16 AM EST

Confirmation Number: 16011

Amended Confirmation Number:

Employer Information

Name: Miami Jewish Health Systems, Inc.
Address: 5200 NE 2nd Ave.
City: Miami
State: FL
Zip Code: 33137

Plan Administrator Information

Name: President and CEO of Miami Jewish Health Systems, Inc.
Address: 5200 NE 2nd Ave.
City: Miami
State: FL
Zip Code: 33137
Phone: 3057518626
Email: hrnow@miamijewishhealth.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:	Miami Jewish Health Select Reward Deferred Compensation Plan for Marc Agronin	Number of Employees: 1
ID:2	Plan Name:	Miami Jewish Health Select Reward Deferred Compensation Plan for Leah Broderick	Number of Employees: 1
ID:3	Plan Name:	Miami Jewish Health Select Reward Deferred Compensation Plan for Dr. Shaun Corbett	Number of Employees: 1
ID:4	Plan Name:	Miami Jewish Health Select Reward Deferred Compensation Plan for Alan Goldsmith	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 16011. 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.