

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: 16861

Amended Confirmation Number:

Employer Information

Name: Valley Children's Hospital
Address: 9300 Valley Children's Place
City: Madera
State: CA
Zip Code: 93636

Plan Administrator Information

Name: Valley Children's Hospital ATTN: Chief People Officer
Address: 9300 Valley Children's Place
City: Madera
State: CA
Zip Code: 93636
Phone: 5593537008
Email: kbeall1@valleychildrens.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: Valley Children's Hospital Director & Executive Number of
Director Severance Plan Employees: 47

Additional Information:

Valley Children's Hospital maintains the Director and Executive Director Severance Plan, which is an unfunded plan, for the purpose of providing severance benefits in the event of a qualifying termination of employment for a select group of management or highly compensated employees. In the event that the severance benefits available under the Plan are deemed to constitute pension benefits rather than welfare benefits for purposes of ERISA, the Company believes that the Plan would constitute a "top hat" employee pension benefit plan that qualifies for the alternative method of compliance with the reporting and disclosure requirements of Part I of Title I of ERISA set forth in 29 C.F.R. § 2520.104-23. As a result, the Company is filing this top hat plan statement for the Plan as a protective measure to ensure that the Plan has complied with the top hat plan statement filing requirement of 29 C.F.R. § 2520.104-23 in the event that the severance benefits available under the Plan are deemed to constitute pension benefits for purposes of ERISA. In addition to employees of the Company, employees of other members of the Company's affiliates may participate under the Plan. The Company is an authorized person from whom the Department may request plan documents, including information regarding other employers participating in the Plan.



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 16861. 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.