

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

Date Completed: 9/16/2026 10:17 AM EST

Confirmation Number: 17006

Amended Confirmation Number:

Employer Information

Name: Copley Health Systems, Inc.
Address: 528 Washington Highway
City: Morrisville
State: VT
Zip Code: 05661

Plan Administrator Information

Name: Wayne Stockbridge, Chief Administration Officer
Address: 528 Washington Highway
City: Morrisville
State: VT
Zip Code: 05661
Phone: 8028888636
Email: wstockbridge@chsi.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:	Copley Health Systems, Inc. 457(f) Plan	Number of Employees: 1
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Additional Information:

The Plan is effective as of January 1, 2026 and adopted on September 11, 2026.



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 17006. 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.