

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: 2283

Amended Confirmation Number:

Employer Information

Name: Nathan Adelson Hospice, Inc.

Address: 4141 South Swenson

City: Las Vegas State: NV Zip Code: 89119

Plan Administrator Information

Name: Nathan Adelson Hospice, Inc.

Address: 4141 South Swenson

City: Las Vegas State: NV Zip Code: 89119

Phone: 7027963178

Email: rmcnulty@nah.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: 2017 Supplemental Executive Retirement Plan 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 2283. 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.