

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

Date Completed: 3/28/2017 5:10 PM EST

Confirmation Number: 2395

Amended Confirmation Number:

Employer Information

Name: St. Luke's Health System, Ltd.

Address: 190 E Bannock

City: Boise State: ID Zip Code: 83712

Plan Administrator Information

Name: St. Luke's Health System Benefits Committee

Address: 190 E Bannock

City: Boise State: ID Zip Code: 83712

Phone: 2083812581

Email: aldrichs@slhs.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:	St. Luke's Health System 457(b) Deferred Compensation Plan	Number of Employees: 297
ID:2	Plan Name:	St. Luke's Health System, Ltd Supplemental Retirement Plan for Selected Executives	Number of Employees: 2
ID:3	Plan Name:	St. Luke's Health System Excess Deferred Compensation Plan	Number of Employees: 19
ID:4	Plan Name:	St. Luke's Health System Executive Deferred Compensation Plan	Number of Employees: 25
ID:5	Plan Name:	St. Luke's Health System , Ltd Capital Accumulation Account Plan II	Number of Employees: 20

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 2395. 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.