

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

Date Completed: 7/1/2017 11:30 AM EST

Confirmation Number: 2685

Amended Confirmation Number:

Employer Information

Name: Hand Surgery Associates
Address: 360 Linden Oaks Drive Suite 210
City: Rochester State: NY Zip Code: 14625

Plan Administrator Information

Name: Peter Ronchetti
Address: 360 Linden Oaks Drive Suite 210
City: Rochester State: NY Zip Code: 14625
Phone: 5856410141
Email: pronchetti@handsurgeryassoc.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: Number of
Employees: 2

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 2685. 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.