

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: 3020

Amended Confirmation Number:

Employer Information

Name: Henry Ford Health System  
Address: 1 Ford Place - Section 4E  
City: Detroit State: MI Zip Code: 48202

Plan Administrator Information

Name: Henry Ford Health System - Plan Administrator / c/o James A. Francis  
Address: 1 Ford Place - Section 4E  
City: Detroit State: MI Zip Code: 48202  
Phone: 3138747209  
Email: JFranci1@HFHS.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 Georgia Fojtasek Supplemental Executive Retirement Plan	Number of Employees: 1
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Additional Information:

October 25, 2017 This Top Hat filing pertains to the 2017 Georgia Fojtasek Supplemental Executive Retirement Plan (SERP). This Plan was effective July 1, 2017 and is for the benefit of a Select Group of Highly Compensated and Management Employee. There is one (1) participant in this Plan. Sincerely, James A. Francis, Director, Retirement Benefits



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 3020. 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.