

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

Date Completed: 2/20/2018 11:08 AM EST

Confirmation Number: 3472

Amended Confirmation Number:

Employer Information

Name: Baystate Health, Inc.  
Address: 280 Chestnut Street  
City: Springfield State: MA Zip Code: 01199

Plan Administrator Information

Name: Baystate Health, Inc.  
Address: 280 Chestnut Street  
City: Springfield State: MA Zip Code: 01199  
Phone: 4137941774  
Email: donna.brewer@baystatehealth.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:	Baystate Health, Inc. 457(f) Deferred Compensation Plan	Number of Employees: 583
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Additional Information:

effective date January 1, 2017 total eligible employees 583 total participating employees 0 (new plan) Baystate Health, Inc. maintains a total of two (2) nonqualified plans



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 3472. 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.