

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

Date Completed: 11/27/2018 10:35 AM EST

Confirmation Number: 4387

Amended Confirmation Number:

Employer Information

Name: Englewood Healthcare System

Address: 350 Engle Street

City: Englewood State: NJ Zip Code: 07631

Plan Administrator Information

Name: Englewood Healthcare System

Address: 350 Engle Street

City: Englewood State: NJ Zip Code: 07631

Phone: 2018943028

Email: Maria.Kinney@EHMCHealth.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: Englewood Healthcare System 457(f) Deferred Number of  
Compensation Plan for Executives Employees: 2

Additional Information:

Additional Plan Administrator contact information: James.Stanton@EHMCHealth.org  
or (201) 894-3275



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 4387. 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.