

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

Date Completed: 12/19/2018 2:00 PM EST

Confirmation Number: 4521

Amended Confirmation Number:

Employer Information

Name: Albert Einstein College of Medicine, Inc.  
Address: 1300 Morris Park Avenue Room 1201  
City: Bronx State: NY Zip Code: 10461

Plan Administrator Information

Name: Albert Einstein College of Medicine, Inc.  
Address: 1300 Morris Park Avenue Room 1201  
City: Bronx State: NY Zip Code: 10461  
Phone: 7184303276  
Email: Carla.Pasquali@einstein.yu.edu

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: Albert Einstein College of Medicine, Inc. 457(b) Number of  
Plan Employees: 298

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 4521. 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.