

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

Date Completed: 2/26/2019 10:02 AM EST

Confirmation Number: 4796
Amended Confirmation Number: 4737

Employer Information

Name: Truman Medical Center
Address: 2301 Holmes Street
City: Kansas City State: MO Zip Code: 64108

Plan Administrator Information

Name: Truman Medical Center, Incorporated
Address: 2301 Holmes Street
City: Kansas City State: MO Zip Code: 64108
Phone: 8164043625
Email: william.colby@tmcmcd.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:	457(f) Plan a/k/a Plan Name-Section 457(f) Deferred Compensation Plan	Number of Employees: 20
ID:2	Plan Name:	457(b) Plan f/k/a Truman Medical Centers Executive Savings Plan	Number of Employees: 20

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 4796. 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.