

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

Date Completed: 6/18/2019 6:01 PM EST

Confirmation Number: 5199

Amended Confirmation Number:

Employer Information

Name: The Hebrew Home for the Aged at Riverdale
Address: 5901 Palisade Avenue
City: Bronx
State: NY
Zip Code: 10471

Plan Administrator Information

Name: Luz Liebeskind
Address: 5901 Palisade Avenue
City: Bronx
State: NY
Zip Code: 10471
Phone: 7185811317
Email: luz.liebeskind@riverspringhealth.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:	Number of Employees: 2096
ID:2	Plan Name:	Number of Employees: 2096

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 5199. 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.