

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

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Confirmation Number: 6293  
Amended Confirmation Number: 6291

Employer Information

Name: Virginia Health Services, Inc.  
Address: 240 Nat Turner Blvd  
City: Newport News  
State: VA  
Zip Code: 23606

Plan Administrator Information

Name: Board of Directors of Virginia Health Services, Inc.  
Address: 240 Nat Turner Blvd  
City: Newport News  
State: VA  
Zip Code: 23606  
Phone: 7575991326  
Email: ashrieves@vahs.com

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:	VHS NQDC Plan	Number of Employees: 1000
ID:2	Plan Name:	Mark Klyczek NQDC Plan	Number of Employees: 1000

Additional Information:

NQDC Plan for Mark Klyczek



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 6293. 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.