

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

Date Completed: 3/9/2020 10:55 AM EST

Confirmation Number: 6365

Amended Confirmation Number:

Employer Information

Name: Healthcare Distribution Alliance
Address: 902 North Glebe Road, Suite 1000
City: Arlington
State: VA
Zip Code: 22203

Plan Administrator Information

Name: Linda Hoyt, VP Human Resources at Healthcare Distribution Alliance
Address: 902 North Glebe Road, Suite 1000
City: Arlington
State: VA
Zip Code: 22203
Phone:
Email: lhoyt@hda.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:	Healthcare Distribution Alliance Executive Deferred Compensation Agreement	Number of Employees: 1
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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 6365. 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.