

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: 6467

Amended Confirmation Number:

Employer Information

Name: Lifewell Behavioural Wellness fka New Arizona Family, Inc.
Address: 202 East Earll Dr. Suite 200
City: phoenix
State: AZ
Zip Code: 85012

Plan Administrator Information

Name: Lifewell Behavioural Wellness fka New Arizona Family, Inc.
Address: 202 East Earll Dr. Suite 200
City: Phoenix
State: AZ
Zip Code: 85012
Phone: 6025995427
Email: CGarcia@lifewell.us

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:	New Arizona Family 457(b) Deferred Compensation Plan	Number of Employees: 2
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Additional Information:

This filing is part of a DFVCP submission for the New Arizona Family 457(b) Deferred Compensation Plan.



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 6467. 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.