

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: 6847

Amended Confirmation Number:

Employer Information

Name: Hospice of the Piedmont
Address: 675 Peter Jefferson Parkway, Ste 300
City: Charlottesville
State: VA
Zip Code: 22911

Plan Administrator Information

Name: The Board of Directors of Hospice of the Piedmont
Address: 675 Peter Jefferson Parkway, Ste 300
City: Charlottesville
State: VA
Zip Code: 22911
Phone: 4348176908
Email: jennifer.kincaid@hopva.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:	The Hospice of the Piedmont Supplemental Deferred Compensation Plan For The Benefit Of Timothy Short, MD	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 6847. 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.