

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: 770

Amended Confirmation Number:

Employer Information

Name: University of Vermont Medical Center  
Address: 111 Colchester Avenue, Mailstop 151OH5  
City: Burlington State: VT Zip Code: 05401

Plan Administrator Information

Name: University of Vermont Medical Center  
Address: 111 Colchester Avenue, Mailstop 151OH5  
City: Burlington State: VT Zip Code: 05401  
Phone: 8028475969  
Email: John.Herko@uvmhealth.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:	2015 Supplemental Retirement Benefit Plan	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 770. 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.