

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

Date Completed: 6/15/2021 10:08 AM EST

Confirmation Number: 8280

Amended Confirmation Number:

Employer Information

Name: Stamford Health, Inc.
Address: 1 Hospital Plaza
City: Stamford
State: CT
Zip Code: 06904

Plan Administrator Information

Name: Adele Dalessandro
Address: 1 Hospital Plaza
City: Stamford
State: CT
Zip Code: 06904
Phone: 2032767868
Email: adalessand@stamhealth.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:	Stamford Hospital 457(b) Deferred Compensation Plan	Number of Employees: 11
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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 8280. 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.