

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

Date Completed: 9/3/2021 2:19 PM EST

Confirmation Number: 8590

Amended Confirmation Number:

Employer Information

Name: Jennie Edmundson Memorial Hospital  
Address: 933 E Pierce Street  
City: Council Bluffs  
State: IA  
Zip Code: 51503

Plan Administrator Information

Name: Comp Committee NMHS Affiliates Retirement Benefit Restoration Plan for Highly  
Compensated Phys EEs  
Address: 825 S. 169th Street  
City: Omaha  
State: NE  
Zip Code: 68118  
Phone: 4023542208  
Email: Steve.Goeser@nmhs.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: NMHS Affiliates Retirement Benefit Restoration Number of  
Plan for Highly Compensated Physician EEs Employees: 188

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 8590. 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.