

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

Date Completed: 11/12/2021 12:53 PM EST

Confirmation Number: 8885

Amended Confirmation Number:

Employer Information

Name: FAIR Health, Inc.
Address: 530 5th Avenue, 18th Floor
City: New York
State: NY
Zip Code: 10036

Plan Administrator Information

Name: FAIR Health, Inc.
Address: 530 5th Avenue, 18th Floor
City: New York
State: NY
Zip Code: 10036
Phone: 2122572383
Email: tswift@fairhealth.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:	457(f) Deferred Compensation Plan of FAIR Health, Inc.	Number of Employees: 1
ID:2	Plan Name:	457(f) Deferred Compensation Plan II of FAIR Health, Inc.	Number of Employees: 7

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 8885. 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.