

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: 9719

Amended Confirmation Number:

Employer Information

Name: Vitreo-Retinal Consultants, Inc.
Address: 4682 Douglas Circle NW
City: Canton
State: OH
Zip Code: 44718

Plan Administrator Information

Name: Vitreo-Retinal Consultants, Inc.
Address: Vitreo-Retinal Consultants, Inc.
City: Canton
State: OH
Zip Code: 44718
Phone: 3304941116
Email: rsuntken@vitreo-retinal.com

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: | Change of Control Bonus Plan | Number of Employees: 1 |
|------|------------|------------------------------|---------------------------|

Additional Information:

The Employer entered into an employment agreement with a key employee that includes a top-hat plan that provides for certain deferred compensation upon a change of control event.



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 9719. 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.