





January 5, 2004

Top Hat Plan Exemption  
Employee Benefits Security Administration  
U.S. Department of Labor  
Room N-5644  
200 Constitution Avenue, NW  
Washington, D.C. 202010

Subject: Healthwise, Incorporated "Top Hat" Plans

Dear Sir or Madam:

Pursuant to the provisions of Department of Labor Regulation Section 2520.104-23, you are hereby notified that Healthwise, Incorporated maintains the unfunded and uninsured plans identified in item 1 below primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees. Item 2 below sets forth the approximate number of participants in each such Plan. Healthwise's Employer Identification Number is 23-7455145, and its mailing address for purposes of these plans is 2601 North Bogus Basin Road, Boise, Idaho 83702.

- (1) Name of each Plan to which this notification applies:
  - Healthwise Executive Eligible Deferred Compensation Plan Plan 1
  - Healthwise Executive Ineligible Deferred Compensation Plan Plan 2
  
- (2) Plan Census Information:
  - Plan 1 3 participants
  - Plan 2 3 participants

Kindly acknowledge receipt of this filing by signing and returning one copy of this letter. A stamped self-addressed envelope is also enclosed for your convenience.

Sincerely,

Kathleen Kempton  
Chief Financial Officer

Enc.

RECEIVED AND ACKNOWLEDGED:

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Date: \_\_\_\_\_

Healthwise, Incorporated  
2601 N Bogus Basin Rd  
Boise, Idaho 83702  
208.345.1161  
208.345.1897 FAX  
[www.healthwise.org](http://www.healthwise.org)



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