

**Top Hat Plan Statement  
To be Filed with the Department of Labor**

*This Top Hat Plan Statement has been provided as a sample only, and must be reviewed and completed by the Sponsor and the Sponsor's legal counsel prior to filing with the Secretary of Labor.*

**Statement Required Under Department Of Labor Regulations Section 2520.104-23**

The Employer named below maintains a plan or plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Name of Employer:

Accreditation Council for Graduate Medical Education

Address of Employer:

515 N. State Street, Suite 2000, Chicago, IL 60610

Employer's Employer Identification Number (EIN):

36-3698130

Number of such plans:

1 (one)

Number of employees in each plan:

2 (two)

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This Statement must be filed within 120 days after the plan becomes subject to Title I, Part 1 of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Employer may be required to provide plan documents, if any, to the Secretary of Labor upon request as required by Section 104(a)(1) of ERISA.

Mail the completed Statement to the Secretary of Labor at:  
  
Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

