

capitalhealth

CEBSA/PUBLI

2011 JUL 13

2:01

2520113150113

Capital Health
Regional Medical Center
750 Brunswick Avenue
Trenton, New Jersey 08638
609 394 6000

Capital Health - Mercer
446 Bellevue Avenue
Trenton, New Jersey 08618
609 394 4000

Capital Health - Hamilton
1445 Whitehorse-Mercerville Road
Hamilton, New Jersey 08611
609 588 5050

capitalhealth.org

CEBSA/PUBLIC DISCLOSURE
2011 JUL 13 PM 2:01

July 1, 2011

U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue NW, N-1513
Washington, DC 20210

RE: Statement Pursuant to DOL Regulation §2520.104-23

Dear Sir or Madam:

Enclosed is the statement pursuant to 29 C.F.R. §2520.104-23 with respect to the Capital Health System Select Group 457(b) Deferred Compensation Plan, a deferred compensation plan (the "Plan") adopted by Capital Health System (EIN: 22-3548695) for certain of our management or highly compensated employees. The Plan will be provided at the request of the Secretary of Labor, as required by section 104(a)(1) of the Employee Retirement Income Security Act of 1974, as amended. As the Plan is being submitted under the Delinquent Filer Voluntary Compliance Program ("DFVCP"), the \$750 penalty has been paid online.

We would appreciate your date-stamping and marking "Received" the enclosed copy of this transmittal letter and then returning it to us, for our records, in the enclosed stamped, self-addressed envelope.

Sincerely,

Beth Previte-Goldstein, CEBS
Benefits Manager

Enclosure
CERTIFIED MAIL NO. 7001-0360-0002-6346-6619
RETURN RECEIPT REQUESTED

STATEMENT PURSUANT TO DOL REGULATION 2520.104-23

Pursuant to DOL Regulation §2520.104-23, Capital Health System (the "Company") hereby files the following statement with respect to an individual deferred compensation plan for 17 of its management or highly compensated employees.

Name and Address of Employer:

Capital Health System
750 Brunswick Avenue
Trenton, NJ 08638

Employer Identification Number: 22-3548695

Declaration: The Company has entered into a deferred compensation plan for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Statement:

Number of Plans Covered by this Statement: 1
Number of Employees in Plan: 17

By: 

Name (Printed): J. Scott Clemmensen

Title: Vice President , Human Resources

Date: June 24, 2011

Previte, Beth

From: paygovadmin@mail.doc.twai.gov
Sent: Friday, July 01, 2011 3:56 PM
To: Previte, Beth
Subject: Pay.Gov Payment Confirmation

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.

Your transaction has been successfully completed.

Transaction Summary

Application Name: Delinquent Filer Voluntary Compliance Program Pay.gov Tracking ID: 253PGDO2
Agency Tracking ID: 11-07-11257

Name On Account: Capital Health System
Transaction Type: ACH Debit
Transaction Amount: \$750.00
Payment Date: Jul 5, 2011
Account Type: Business Checking
Routing Number: 021200025
Account Number: *****2492

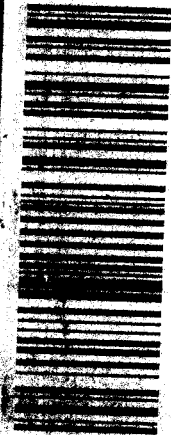
Transaction Date: Jul 1, 2011 3:55:46 PM Number of Payments Scheduled: 1
Frequency: OneTime



capitalhealth

446 Bellevue Avenue
Trenton, New Jersey 08618

CERTIFIED MAIL



7001 0360 0002 6346 6619



02 1A
0004315382 JUL 05 2011
\$ 05.790
MAILED FROM ZIP CODE 08618



U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue NW, N-1513
Washington, DC 20210