



2013 FEB -1 11:10:17
PERS/PUBLIC AFFAIRS

JANICE B. YOST, Ed.D.
PRESIDENT AND CEO

January 25, 2013

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

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RE: Top Hat Plan Filing Exemption

HENRY L. FERGUSON, III, J.D.

Dear Secretary Solis:

LISA R. FORTUNA, M.D., M.P.H.

JAY S. HIMMELSTEIN, M.D., M.P.H.

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The purpose of this letter is to provide alternative filing compliance with reporting and disclosure requirements regarding Non Qualified Top Hat Plans under Part 1 of Title I of the Employee Retirement Income Security Act of 1974. Pursuant to Regulation Section 2520.104-23(b), we provide the following information:

1. Employer name and address:

The Health Foundation of Central Massachusetts, Inc.
446 Main Street, #20
Worcester, MA 01608

2. Employer Identification Number:

04-2633274

3. Declaration:

The employer maintains its Deferred Compensation Agreement for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

4. Number of such plans and number of employees in each plan:

One (1) plan with one (1) employee being the sole participant in the plan.

446 MAIN STREET

20TH FLOOR

WORCESTER, MA 01608-2361

PHONE: 508-438-0009

FAX: 508-438-0020

www.hfc.com

A copy of the plan document will be provided upon request as required by section 104(a)(6) of ERISA.

Very truly yours,

Janice B. Yost
Janice B. Yost, Ed.D.



THE
HEALTH FOUNDATION
OF CENTRAL MASSACHUSETTS
446 MAIN STREET • 20TH FLOOR • WORCESTER, MA 01608

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
CERTIFIED MAILSM



7012 2210 0000 1644 9155

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