

2520153070114

SHERIDAN COMMUNITY HOSPITAL 457 PLAN

TOP-HAT PLAN EXEMPTION STATEMENT

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

Re: ERISA REPORTING AND DISCLOSURE STATEMENT

To the Secretary of Labor:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title I, Part 1, as provided for an unfunded or insured pension plan for a select group of management or highly compensated employees in D.O.L. Reg. Sec. 2520.104-23, the following information is provided by the undersigned plan administrator:

The name of the Employer is: Sheridan Community Hospital

The Employer's mailing address is: 301 North Main Street

Sheridan, Michigan 48884

The Employer's federal identification number (EIN) is: 38-1369796

The plans of employer and the number of participants covered in each plan is:

Plan Name: Sheridan Community Hospital 457 Plan

Plan Effective Date: January 1, 2015

Plan Adoption Date: 10/1/15

Number of Participants: 2

(specify plan, effective date and number of employees covered)

The above-named employer maintains this plan primarily for the purpose of providing nonqualified deferred compensation benefits to a select group of management or highly compensated employees. The employer will provide a copy of the agreement to the Secretary of Labor upon request.

Employer: Sheridan Community Hospital

By: 

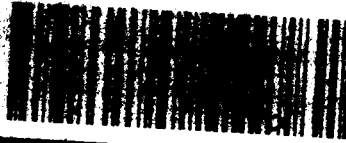
Date: 10/1/15

**sheridan**  
community hospital

www.sheridanhospital.com  
301 N. Main St. • P.O. Box 279 • Sheridan, MI 48884

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