

December 07, 2015

2520160080074

Top-Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-1513
U. S. Department of Labor
200 Constitution Avenue, NW
Washington, D.C. 20210

Re: St. Joseph Health System 457(f) Plan

Dear Sir or Madam:

Pursuant to Section 2520.104-23 of the Department of Labor's Regulations, this letter will serve as notice that, with respect to the St. Joseph Health System 457(f) Plan ("Plan"), the undersigned intends to use the alternative form of compliance with the reporting and disclosure requirements of Part 1 of Title 1 of the Employee Retirement Income Security Act of 1974 (ERISA), which alternative form of compliance is provided in the aforesaid Regulations Section.

Pursuant to Regulations Section 2520.104-23(b), the following information is provided:

1. Name and Address of Employer: St. Joseph Health System
3345 Michelson Drive
Irvine, California 29612
2. Employer's Employer Identification No: 95-3589356
3. The Employer hereby declares that it maintains the Plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
4. The Employer and its affiliates maintain one other plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees or directors who are employed by the Employer and its Affiliates. The following is a list of such plans maintained by the Employer and its affiliates, along with the number of participants in each plan.

Plan Name	Sponsoring Employer	Participants
St. Joseph Health System Severance Accrual Plan	St. Joseph Health System	101

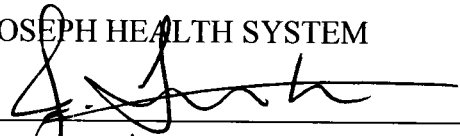
3345 Michelson Drive, Suite 100 • Irvine, CA 92612
T: (949) 381-4471 • F: (949) 381-4982

St. Joseph Health System Supplemental Executive Retirement Plan	St. Joseph Health System	2
St. Joseph Health System 457(f) Plan	St. Joseph Health System	8

Pursuant to Regulations Section 2520.104-23(b)(2), the Employer will provide Plan documents, if any, to the Secretary of Labor upon request as required by Section 104(a)(1) of ERISA.

Sincerely,

ST. JOSEPH HEALTH SYSTEM

By: 

Name: Joline Trand

Title: SVP HR

December 07, 2015

Top-Hat Plan Exemption
 Pension and Welfare Benefits Administration
 Room N-1513
 U. S. Department of Labor
 200 Constitution Avenue, NW
 Washington, D.C. 20210

Re: St. Joseph Health System Severance Accrual Plan

Dear Sir or Madam:

Pursuant to Section 2520.104-23 of the Department of Labor's Regulations, this letter will serve as notice that, with respect to the St. Joseph Health System Severance Accrual Plan ("Plan"), the undersigned intends to use the alternative form of compliance with the reporting and disclosure requirements of Part 1 of Title 1 of the Employee Retirement Income Security Act of 1974 (ERISA), which alternative form of compliance is provided in the aforesaid Regulations Section.

Pursuant to Regulations Section 2520.104-23(b), the following information is provided:

1. Name and Address of Employer: St. Joseph Health System
 3345 Michelson Drive
 Irvine, California 29612
2. Employer's Employer Identification No: 95-3589356
3. The Employer hereby declares that it maintains the Plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
4. The Employer and its affiliates maintain one other plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees or directors who are employed by the Employer and its Affiliates. The following is a list of such plans maintained by the Employer and its affiliates, along with the number of participants in each plan.

Plan Name	Sponsoring Employer	Participants
St. Joseph Health System Severance Accrual Plan	St. Joseph Health System	101
St. Joseph Health System Supplemental Executive Retirement Plan	St. Joseph Health System	2
St. Joseph Health System 457(f) Plan	St. Joseph Health System	8

Pursuant to Regulations Section 2520.104-23(b)(2), the Employer will provide Plan documents, if any, to the Secretary of Labor upon request as required by Section 104(a)(1) of ERISA.

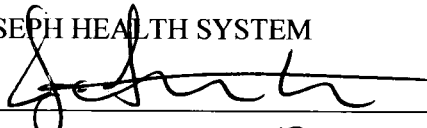
Sincerely,

ST. JOSEPH HEALTH SYSTEM

By: _____

Name: _____

Title: _____


SVP HR
Joline Treanor

St. Joseph Health 

3345 Michelson Drive
Suite 100
Irvine, CA 92612

St. Joseph Health 

3345 Michelson Drive
Suite 100
Irvine, CA 92612

CERTIFIED MAIL



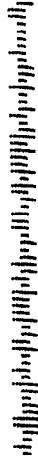
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