

MAINE DARTMOUTH FAMILY MEDICINE RESIDENCY 457(B) 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

2520162970069

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: Maine Dartmouth Family Medicine Residency

The Employer's mailing address is: 15 E Chestnut Street

Augusta, Maine 04330

The Employer's federal identification number (EIN) is: 01-0369195

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

Plan Name: Maine Dartmouth Family Medicine Residency 457(b) Plan

Plan Effective Date: July 1, 2008

Plan Adoption Date: 1/5/2009

Number of Participants: 14

(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: Maine Dartmouth Family Medicine Residency

By: 

Date: 10/4/2016

**TOP-HAT PLAN EXEMPTION STATEMENT**

The attached statement must be filed within 120 days after the plan is adopted (D.O.L. Reg. Sec. 2520.104-23(b)(2)). If you fail to comply with this requirement, the plan must distribute and file a Summary Plan Description and must meet other applicable reporting and disclosure requirements. You will need to review the statement for accuracy, fill in the number of employees covered under the plan and the adoption date, sign and date the statement, and finally, mail the statement to:

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

Maine Dartmouth  
**MDFMR**  
Family Medicine Residency

**Harry Colt, MD, Director**  
15 East Chestnut Street  
Augusta, ME 04330  
(207) 626-1894 Fax: (207) 626-1902  
149 North Street  
Waterville, ME 04901  
(207) 861-5003 Fax: (207) 861-5011

October 4, 2016


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Washington, DC 20210

RE: Maine Dartmouth Family Medicine Residency 457(b) Plan

Enclosed please find a Top-Hat Plan Exemption Statement for the Maine Dartmouth Family Medicine Residency 457(b) Plan.

Please note that we have also sent the required Form 5500 and payment to DFVCP.

Sincerely,



B Roy

Enclosure

EBSA/PUBLIC DISCLOSURE  
2016 OCT 17 PM 12:13

Maine-Dartmouth  
**MDFMR**  
Family Medicine Residency

15 East Chestnut Street  
Augusta, Maine 04330

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