

SAMPLE DOCUMENT

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR PENSION PLANS FOR CERTAIN SELECTED EMPLOYEES (120 DAY LETTER TO DEPT OF LABOR)

— For the Use of Legal Counsel Only. Not for use by Financial Representatives with the public. —

Comments:

- *It is not necessary to file a separate form for each covered plan maintained by the Employer. Alternative language, in brackets, is provided for use where there is more than one plan.*
- *Many practitioners think that, when there are separate agreements for individual employees, each containing deferred compensation provisions but all using essentially the same terms, there is only one plan. However, a new form is probably required where additional employees are added to the plan.*
- *Mailing address for this form (send registered mail to evidence filing requirement satisfied)*

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

- *The Department of Labor published a proposed regulation on September 30, 2014, that would make it mandatory to electronically file the statement. In the interim, plan administrators of top hat plans are encouraged to file plan statements using this electronic system. Plan administrators who use this electronic filing system will have satisfied the filing requirements under the current regulation. This online statement is available at <<https://www.askebsa.dol.gov/efile/Home/tophat>>*

To the Secretary of Labor:

In compliance with the requirements of the alternative method of reporting and disclosure under Part 1 of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees,

This sample document is intended only as guidance for the client's own legal counsel. The document is general in nature and does not reflect the specific circumstances of any individual or situation. The document does not constitute tax or legal advice and cannot be used to avoid any penalties that may be imposed on a taxpayer. It is intended that the client's legal counsel will modify the document where necessary to satisfy the client's objectives and the requirements of any applicable federal, state or local law. Northwestern Mutual does not guarantee the effectiveness of this document and is not responsible for any tax or legal consequences resulting from use.

© 2020 Northwestern Mutual is the marketing name for The Northwestern Mutual Life Insurance Company (NM), Milwaukee, WI and its subsidiaries. Client's legal counsel is authorized to use, amend and modify this sample document in his or her own practice.

SAMPLE DOCUMENT

specified in Department of Labor Regulations, 29 C.F.R. § 2520.104-23, the following information is provided by the undersigned employer.

Employer Information:

Name and Address: _____

Employer Identification Number: _____

Plan Administrator Information:

Name and Address: _____

Telephone Number: _____

Email Address: _____

 [Name of Employer] maintains a plan (or plans) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Number of Plans and Participants in Each Plan:

_____ Plan covering _____ Employees

[or _____ Plans covering _____, _____, _____ Employees, respectively]

Dated _____, 20____.

[Name of Employer]

By _____
Plan Administrator

— For the Use of Legal Counsel Only. Not for use by Financial Representatives with the public. —

© 2020 Northwestern Mutual is the marketing name for The Northwestern Mutual Life Insurance Company (NM), Milwaukee, WI and its subsidiaries. Client's legal counsel is authorized to use, amend and modify this sample document in his or her own practice.