



Employee Benefits Security Administration DOL > EBSA > Top Hat efile



Contact EBSA

- Request Assistance
Solicitud de Asistencia

About EBSA

- Mission Statement
Organization Chart
EBSA Regional Offices
ERISA Advisory Council
CHIP Working Group

FAQs

Consumer Information

- Health Plans
Retirement Plans
Retirement Savings

Laws and Regulations

- Final Rules
FR Notices
Proposed Rules
Public Comments

Technical Guidance

- Advisory Opinions
Exemptions
Field Assistance Bulletins
Information Letters
Interpretive Bulletins
EO 12866 Guidance

Compliance Assistance

- Abandoned Plans
Apprenticeship Plans
Correction Programs
Fiduciary Education
For Health Plans
For Retirement Plans
For Small Employers
Reporting and Filing
403(b) Plans
Webcasts

Top Hat Plan Statements Online Filing System

All fields required except as indicated by an asterisk (\*). OMB Control Number 1210-0153 (expires 12/31/2017)

Is this an amended filing?

Employer Information

EIN

Name

Address

City

State

Zip Code

Declaration: Employer maintains the plan or plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

I agree

Plan Administrator Information

Name/Office

Address

City

State

Zip Code

Email

\* Telephone

Plan Information

Input the total number of plans and click Submit.

Number of Plans

Submit

Additional Information

(optional, up to 5000 characters)

5000 characters remaining

When you have completed the required information above click **Review**.

Review

[Return to Instructions](#)

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