



Employee Benefits Security Administration

DOL HOME / AGENCIES / EMPLOYEE BENEFITS SECURITY ADMINISTRATION (EBSA) / Top Hat efile

Top Hat Plan Statements Online Filing System

All fields required except as indicated by an asterisk (*).

OMB Control Number 1210-0153 (expires 2/28/2021)

Amended Filing Information

Check if this is an amended filing

Employer Information

Form fields for 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

Form fields for 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 input field and Submit button

Additional Information(optional, up to 5000 characters)

5000 characters remaining

Large text area for Additional Information

When you have completed the required information above click Review.

Review, Reset, Return to Instructions buttons



WORKERS & FAMILIES

- First Job
Changing Jobs & Job Loss
Marriage/Domestic Partnership
Childbirth & Adoption
Loss of Dependent Coverage
Separation & Divorce
Death of a Family Member
Preparing for Retirement
Disaster Relief
Additional Protections

EMPLOYERS & ADVISERS

- Guidance
Plan Administration & Compliance
Small Business

RESEARCHERS

- Data
Statistics
Analysis
Other Collaboration

KEY TOPICS

- Health & Other Employee Benefits
Reporting & Filing
Retirement

LAWS & REGULATIONS

- Laws
Rules & Regulations

ABOUT THE SITE

- Freedom of Information Act
Privacy & Security Statement
Disclaimers
Important Web Site Notices
Plug-ins Used by DOL
RSS Feeds from DOL
Accessibility Statement