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, 2024

VIA DOCUSIGN (Fein_Beverly@holyothealth.com)

Ms. Beverly Fein
Holyoke Medical Center, Inc.

PROMPT ACTION REQUIRED

**Re: Submission of the Retirement Plan for Holyoke Hospital Pension Plan (the “Plan”)
IRS - Favorable Determination Letter**

Dear Ms. Fein:

Enclosed please find:

- An IRS-required Notice to Interested Parties indicating that the above referenced Plan will be submitted to the Internal Revenue Service on or about July 1, 2024 for review and issuance of a favorable determination letter with respect to the Plan’s termination.

This Notice must be distributed to all employees, former employees with vested benefits under the Plan, and beneficiaries of deceased former employees currently receiving benefits under the Plan notifying that the Plan is being submitted to the Internal Revenue Service for approval in connection with the termination of the Plan.

This Notice must be given not less than 10 days or more than 24 days before the date on which the application is to be submitted (July 1, 2024).

Failure to timely distribute the Notice will nullify the application to the IRS. .

Please feel free to contact your plan consultant, David Mirabito, should you have any questions.

Sincerely,

Betty Riley

Betty Riley, QPA, QKA
ERISA Compliance Specialist

Enclosures

v:\documents\client pension document folder\db documents\82250-001 holyoke medical center, inc (db)\plan docs\ 5310 irs submission 2024\notice to interested parties\notice cover ltr.doc

**NOTICE TO INTERESTED PARTIES
REGARDING SUBMISSION OF PLAN TERMINATION
TO THE INTERNAL REVENUE SERVICE**

Date: June 19, 2024

An application is to be made to the Internal Revenue Service for an advance determination on the qualification of the following employee retirement plan.

Name of Plan: Holyoke Hospital Pension Plan

Plan Number: 001

Name of Applicant:

Holyoke Medical Center, Inc.
575 Beech Street
Holyoke, MA 01040

Applicant's I. D. Number:
22-2520073

Name and address of Plan Administrator:

Holyoke Medical Center, Inc.
575 Beech Street
Holyoke, MA 01040
(413) 534-2547

The application will be filed on July 1, 2024 for an advance determination as to whether the Plan meets the qualification requirements of Section 401 or 403(a) of the Internal Revenue Code of 1986, with respect to the Plan's termination. The application will be filed with:

Internal Revenue Service
Attention: EP Determinations Letters
P.O. Box 12192
TE/GE Stop 31A Team 105
Covington, KY 41012-0192

No Employees are eligible to enter the Plan.

The Internal Revenue Service has previously issued a determination letter with respect to the qualification of this Plan.

RIGHTS OF INTERESTED PARTIES

You have the right to submit to EP Determinations, either individually or jointly with other interested parties, your comments as to whether this plan meets the qualification requirements of the Code. Label your comments "Interested Party Statement". Include the EIN, plan name, and plan number in your correspondence. Also include your contact information (mailing address and phone number) in case we need to contact you. Your comments to EP Determinations should be submitted to:

Internal Revenue Service
EP Determinations
Attn: Customer Services Manager
P.O. Box 2508
Cincinnati, OH 45202

You may instead, individually or jointly with other interested parties, request the Department of Labor to submit, on your behalf, comments to EP Determinations regarding qualification of the Plan. If the Department declines to comment on all or some of the matters you raise, you may, individually, or jointly if your request was made to the Department jointly, submit your comments on these matters directly to EP Determinations at the Cincinnati address above.

REQUESTS FOR COMMENTS BY THE DEPARTMENT OF LABOR

The Department of Labor may not comment on behalf of interested parties unless requested to do so by the lesser of 10 employees or 10 percent of the employees who qualify as interested parties. The number of persons needed for the Department to comment with respect to this Plan is 10. If you request the Department to comment, your request must be in writing and must specify the matters upon which comments are requested, and must also include:

1. the name of the plan and plan number;
2. the name and address of the applicant;
3. the applicant's EIN
4. the number of persons needed for the Department to comment.

A request to the Department to comment should be addressed as follows:

Deputy Assistant Secretary
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210
Attention: 3001 Comment Request

COMMENTS TO THE INTERNAL REVENUE SERVICE

Comments submitted by you to EP Determinations must be in writing and received by the IRS by August 15, 2024. However, if there are matters that you request the Department of Labor to comment upon on your behalf, and the Department declines, you may submit comments on these matters to EP Determinations to be received by it within 15 days from the time the Department notifies you that it will not comment on a particular matter, or by August 15, 2024, whichever is later, but not after August 30, 2024. A request to the Department to comment on your behalf must be received by it by July 16, 2024 if you wish to preserve your right to comment on a matter upon which the Department declines to comment, or by July 26, 2024 if you wish to waive that right.

ADDITIONAL INFORMATION

Detailed instructions regarding the requirements for notification of interested parties may be found in sections 19A and 20A of Rev. Proc. 2023-4, IRB 2023-1, 162. Additional information concerning this application (including, if applicable, the following: an updated copy of the plan and related trust; the application for determination; any additional documents relating to the application that have been submitted to the Service; and copies of section 19A of Rev. Proc. 2023-4) is available at the Plan Administrator's address during the hours of 9:00 A.M. to 5:00 P.M. for inspection and copying. (There is a nominal charge for copying and/or mailing.)