

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

Date Completed: 8/2/2022 6:23 PM EST

Confirmation Number: 10235

Amended Confirmation Number:

Employer Information

Name: OSF Healthcare System
Address: 124 SW Adams Street
City: Peoria
State: IL
Zip Code: 61602

Plan Administrator Information

Name: OSF Healthcare System - Human Resources Committee
Address: 124 SW Adams Street
City: Peoria
State: IL
Zip Code: 61602
Phone: 3096552821
Email: Kristin.L.Williams@osfhealthcare.org

Plan Information

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

ID:1	Plan Name:	OSF Healthcare System Supplemental Executive Retirement Plan	Number of Employees: 14
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Additional Information:

This is a protective filing of a registration statement in the event the Plan is determined to be subject to the reporting requirements of ERISA. Benefits are paid shortly after the benefit vests. In other words, the benefit payment is not triggered by retirement or termination of employment. Nevertheless, we are filing this statement in the event the Plan is determined to be a top hat plan.



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 10235. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.