

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

Date Completed: 4/22/2016 11:00 AM EST

Confirmation Number: 1290

Amended Confirmation Number:

Employer Information

Name: University Hospitals Health System, Inc.
Address: 3605 Warrensville Center Road
City: Shaker Heights State: OH Zip Code: 44122

Plan Administrator Information

Name: UH Compensation Committee c/o Thomas Snowberger
Address: 3605 Warrensville Center Road
City: Shaker Heights State: OH Zip Code: 44122
Phone: 2168441000
Email: Tom.Snowberger@uhhospitals.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: Executive Retention Policy	Number of Employees: 5
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Additional Information:



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 1290. 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.