

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

Date Completed: 4/8/2024 12:11 PM EST

Confirmation Number: 13005

Amended Confirmation Number:

Employer Information

Name: Beatrice Community Hospital & Health Center, Inc.
Address: P.O 278 - 4800 Hospital Parkway
City: Beatrice
State: NE
Zip Code: 68310

Plan Administrator Information

Name: Beatrice Community Hospital & Health Center, Inc. / Plan Administrator
Address: P.O 278 - 4800 Hospital Parkway
City: Beatrice
State: NE
Zip Code: 68310
Phone: 4022237285
Email: khumble@bchhc.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: Beatrice Community Hospital & Health Center, Number of
Inc. Employees 457(b) Plan Employees: 550

Additional Information:

NA



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 13005. 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.