

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

Date Completed: 8/27/2018 4:06 PM EST

Confirmation Number: 4105
Amended Confirmation Number: 4062

Employer Information

Name: Siemens Medical Solutions USA, Inc.
Address: 40 Liberty Blvd.
City: Malvern State: PA Zip Code: 19355

Plan Administrator Information

Name: Siemens Medical Solutions USA, Inc. Administrative Committee c/o Benefits Dept.
Address: 170 Wood Avenue South
City: Iselin State: NJ Zip Code: 08830
Phone: 7323213100
Email: patricia.pennett@siemens-healthineers.com

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:	Siemens Medical Solutions USA, Inc. Deferred Compensation Plan	Number of Employees: 1571
ID:2	Plan Name:	Siemens Medical Solutions USA, Inc. Non-Qualified Defined Benefit Program	Number of Employees: 518

Additional Information:

We are submitting for two top hat plans. Each plan has its own plan administrator. The Committee for the Siemens Corporation Deferred Compensation Plan is the plan administrator for the Siemens Medical Solutions USA, Inc. Deferred Compensation Plan. Submitting amended number of employees for the Siemens Medical Solutions USA, Inc. Deferred Compensation 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 4105. 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.