

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

Date Completed: 11/2/2018 1:12 PM EST

Confirmation Number: 4327

Amended Confirmation Number:

Employer Information

Name: ATMI Precast, Inc.  
Address: 960 Ridgeway Ave  
City: Aurora State: IL Zip Code: 60506

Plan Administrator Information

Name: ATMI Precast  
Address: 960 Ridgeway Ave  
City: Aurora State: IL Zip Code: 60506  
Phone: 6302701716  
Email: rmccormick@atmiprecast.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: Bonus & NonQualified Deferred Compensation Number of Employees: 14  
Plan

ID:2 Plan Name: Endorsement Split Dollar Death Benefit Design Number of Employees: 5  
Details

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 4327. 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.