

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

Date Completed: 12/20/2018 3:36 PM EST

Confirmation Number: 4530

Amended Confirmation Number:

Employer Information

Name: Cook Children's Health Care System
Address: 801 7th Avenue
City: Fort Worth State: TX Zip Code: 76104

Plan Administrator Information

Name: Cook Children's Health Care System
Address: 801 7th Avenue
City: Fort Worth State: TX Zip Code: 76104
Phone: 6828854339
Email: karen.wardell@cookchildrens.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:	Cook Children's Health Care System Supplemental Retirement Plan for Select Physicians, adopted December 18, 2018, but effective January 1, 2018	Number of Employees: 2
------	------------	--	---------------------------

Additional Information:

Name of Plan: Cook Children's Health Care System Supplemental Retirement Plan for Select Physicians, adopted December 18, 2018, but effective January 1, 2018. Additional information concerning the plan, including a copy of the plan document, is available from the plan sponsor.



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 4530. 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.