

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

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Confirmation Number: 5533

Amended Confirmation Number:

Employer Information

Name: HealthLinc, Inc.
Address: 2401 Valley Drive
City: Valparaiso
State: IN
Zip Code: 46383

Plan Administrator Information

Name: HealthLinc, Inc.
Address: 2401 Valley Drive
City: Valparaiso
State: IN
Zip Code: 46383
Phone: 2194627173
Email: bwrobelt@healthlincchc.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: HealthLinc, Inc. 457(b) Deferred Compensation Number of Employees: 10
Plan.

Additional Information:

The information noted above regarding the number of employees relates to those who are eligible to participate in the plan. 10 employees are eligible based on their classification as either a management level and/or highly compensated employee meeting the requirements of the top hat group. The Company employs approximately 300 total employees.



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 5533. 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.