

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

Date Completed: 9/29/2020 9:42 AM EST

Confirmation Number: 6996

Amended Confirmation Number:

Employer Information

Name: TEAM, Inc.  
Address: 30 Elizabeth Street  
City: Derby  
State: CT  
Zip Code: 06418

Plan Administrator Information

Name: Wendy Rodorigo  
Address: 30 Elizabeth Street  
City: Derby  
State: CT  
Zip Code: 06418  
Phone: 2037365420  
Email: wrodorigo@teaminc.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:	TEAM, Inc. 457(b) Plan	Number of Employees: 1
------	------------	------------------------	---------------------------

Additional Information:

The Plan was adopted on September 22, 2020 and the initial participant is David Morgan.



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 6996. 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.