



TANDEM®
DIABETES CARE

Phone: (858) 366-6900
Fax: (858) 362-7070
11045 Roselle Street
San Diego, California 92121
www.tandemdiabetes.com

August 1, 2014

2520140934251

SENT VIA CERTIFIED MAIL

Secretary of Labor
Top-Hat Plan Exemption
Employee Benefits Security Administration
Room N-1513
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, D.C. 20210

EBSA/PUBLIC/ES001
2014 AUG 12 PM 4:

Re: The Tandem Diabetes Care, Inc. Deferred Compensation Plan

Dear Secretary:

Pursuant to Section 2520.104-23 of the U.S. Department of Labor's ("DOL") Regulations, this letter serves as notice that, with respect to the Tandem Diabetes Care, Inc. Deferred Compensation Plan (the "Plan"), the undersigned intends to utilize the alternative form of compliance with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The following information is provided pursuant to DOL Regulation Section 2520.104-23(b):

1. Employer's Name: Tandem Diabetes Care, Inc. ("Tandem")
2. Mailing Address: Attn: Susan Morrison, 11045 Roselle Street, San Diego, CA 92121
3. Employer Identification Number: 20-4327508
4. Tandem hereby declares that it maintains the Plan primarily for the purpose of providing long term incentive benefits to a select group of management or highly compensated employees and non-employee Directors.
5. Tandem hereby declares that the Plan is the only nonqualified deferred compensation plan that it currently maintains and that is used primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees, as well as non-employee Directors.
6. The number of employees/participants participating in the Plan at this time is 3.

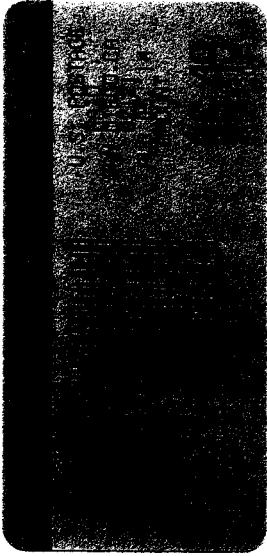
Pursuant to DOL Regulation Section 2520.104-23(b)(2), Tandem will provide Plan documents to the Secretary of Labor upon request as required by Section 104(a)(6) of ERISA.

Very truly yours,

Susan Morrison
Chief Administrative Officer



11045 Roselle Street • San Diego
California • 92121



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAILSM



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**RETURN RECEIPT
REQUESTED**

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