

Complete this form if you are a Progress Energy retiree who is receiving a monthly pension check from Progress Energy and you wish to change or stop your monthly contribution to your Health Savings Account.

Return completed form to: Employee Service Center, PEB 16 ESC
410 S. Wilmington Street, Raleigh, NC 27601

PERSONAL INFORMATION

Last Name	First Name	Middle Initial
Social Security Number	Birth Date	
Home Address	Work Phone #	
City	State	Zip
		Home Phone #

HEALTH SAVINGS ACCOUNT CHANGE (applicable only if you elected the BCBS High-Deductible Health Plan)

Regular Amount to be deducted from each pension check: \$_____ per month

Additional Catch-Up* Amount to be deducted from each pension check: \$_____ per month

[*Applicable only if you are between the ages of 55 - 64.]

This form must be received in the ESC by the 15th of the month in order for it to be effective with the next month's pension check. Otherwise it will be effective with the following month's pension check. For example, if the form is received by March 15th, the change will be effective with the April 1st check.

The election made on this form will remain in effect until a new form is received and processed.

Your annual contribution limit for the Health Savings Account includes contributions from all sources including Company Seed Money, plus any contributions made to your account by family or friends. The limit will be lower than the maximum amount if you participate in the High Deductible Health Plan for less than a full year. Please refer to the "Retiree Guide to the HDHP and HSA Option" for specific details.

Be sure to consider the total year-to-date Regular and Catch-Up contributions you have already made and the date that you are completing and forwarding this form when calculating your new monthly contribution amount(s).

AUTHORIZATION

Initials I acknowledge that it is *my responsibility* to monitor the amount that I have contributed to my Health Savings Account for each tax year in which I make contributions.

Initials I understand that I may be required to withdraw contributions in excess of my annual maximum allowed by law and earnings on those excess contributions, and pay the tax and any applicable penalty.

Initials I acknowledge the election made on this form and authorize Progress Energy Service Company to make any payroll deductions if applicable. The information furnished by me on this form is true and complete to the best of my knowledge.

Signature

Date

Retain a copy for your records