



# HSA Catch-Up Contribution Form



ASSOCIATE INFORMATION	
Name:	Employee ID:
Date of Birth:	Telephone:

Total 2014 catch-up contribution amount (\$1,000 annual maximum): \_\_\_\_\_

Catch-up contributions will begin on the first available pay cycle following the submission of your form and divided equally among the remaining pay cycles in the calendar year.

I understand that, by signing this form, I authorize my employer to increase my pre-tax HSA contribution election under the CNO Services LLC Flexible Benefit Plan by the additional amount indicated above, which represents the annual "catch-up" contribution to my Health Savings Account established by the IRS. I understand that this election is in addition to the HSA contribution that I have previously elected under the CNO Services LLC Flexible Benefit Plan, and that I am eligible to make a catch up contribution because I have attained age 55. I further understand that I may elect to increase or decrease the amount of my pre-tax HSA contribution (including the amount of my catch-up contribution elected on this form) prospectively at any time, subject to the annual maximum established by the IRS.

I know that I may request a copy of this authorization. I agree that a photographic copy of this authorization shall be as valid as the original.

Signature of Associate: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax your completed payroll deduction form to (317) 817-4847.