

**Health Benefits Premium Conversion (HB-PC)
 INPUT FOR FORM 5500
 for Executive Branch Agencies
 For the plan year ending on December 31, 2001**

****Fax completed form to (202) 606-7944 no later than June 1, 2002****

Agency:

Payroll Office Number:

Note: if your payroll functions are cross-serviced, do not complete this report; it will be completed for you by your cross-servicer.

*****In completing this report, it is important that you follow the instructions on the reverse*****

1. Number of employees

2. Number of employees eligible to participate in HB-PC

3. Number of employees who participated in HB-PC

4. Total FEHB withholdings and contributions for HB-PC participants

\$

5. If you cross-service the payroll functions of other Executive Branch agencies, attach a list of those agencies as an addendum to this report.

Name of preparer:

Telephone:

Title of preparer:

E-mail:

Signature of preparer:

Date signed:

INSTRUCTIONS FOR COMPLETING THE INPUT FOR FORM 5500

Line 1: Number of Employees

Enter the total number of employees you paid on the last pay day in calendar year (CY) 2001. Include ALL employees -- full-time, part-time, intermittent, etc.

Line 2: Number of Employees Eligible to Participate in HB-PC

Enter the total number of employees enrolled in the FEHB Program on the last pay day in CY 2001. Include in this number those for whom FEHB deductions were made and those for whom you made no FEHB deductions (e.g., those on LWOP).

Line 3: Number of Employees who Participated in HB-PC

Enter the sum of:

The number of HB-PC participants on the last pay day in CY 2001

Plus: the number of employees with pre-tax FEHB deductions, who subsequently waived participation in HB-PC during CY 2001

Plus: the number of HB-PC participants who terminated or cancelled their FEHB coverage during CY 2001.

Line 4: Total FEHB Withholdings and Contributions for HB-PC Participants

Enter the total amount of FEHB withholdings and contributions remitted to OPM for all HB-PC participants during CY 2001.