

NIPSCO Energy Efficiency Program Opt-In Form

Definitions

<u>DSM Rate Adjustment Factor</u>: Mechanism utilized by utilities to collect Energy Efficiency Program Costs.

<u>Energy Efficiency ("EE") Program</u>: A program that is (1) sponsored by the Company or a third party administrator; and (2) designed to implement energy efficiency improvements (as defined in 170 IAC 4-8-1(j)) for customers. The term does not include a program designed primarily to reduce demand.

<u>Energy Efficiency ("EE") Program Costs</u>: Costs recovered under Rider 883, including program costs, net lost revenues and incentives, and reconciliation of applicable costs as approved by the Indiana Utility Regulatory Commission.

<u>Qualifying Customer (to opt out of participation)</u>: A Customer that receives electric service under an approved Rate Schedule at a Single Site constituting more than 1,000 kilowatts ("kW")/one megawatt ("MW") of electric capacity.

<u>Qualifying Load (to opt out of participation)</u>: A Single Site with at least one meter constituting more than 1,000 kW/one MW of electric capacity for any one billing period within the previous 12 months prior to the Qualifying Customer's opt out notification to the Company. Such demand shall be measured with a demand meter that is used to measure demand for billing purposes. Electric capacity will be determined the same way demand is determined as indicated in the Company's Electric Service Tariff.

<u>Single Site</u>: A Single Site shall be defined as contiguous property unless aggregation of multiple delivery points is specifically permitted under the applicable approved Rate Schedule.

Instructions

This form only needs to be completed if you have previously opted out of participation in Northern Indiana Public Service Company's ("NIPSCO") EE Program and wish to once again participate in the program.

Please complete and return this form via the email address provided below to notify NIPSCO if your Qualifying Account(s) will participate in NIPSCO's EE Program.

Email: BusinessLink@nisource.com

THIS COMPLETED FORM MUST BE RETURNED TO NIPSCO TO OPT IN TO THE EE PROGRAMS EFFECTIVE WITH THE NEXT AVAILABLE BILLING CYCLE. See Rider 883 for additional details.

FOR MORE INFORMATION ABOUT THESE PROGRAMS VISIT OUR WEBSITE AT www.nipsco.com/SaveEnergy

By opting in, the applicable DSM Rate Adjustment Factor(s) contained in Rider 883 – Adjustment of Charges for Demand Side Management Adjustment Mechanism (DSMA) will be charged for each account located at a Single Site with Qualifying Load.

- For each Single Site, list all accounts which you are electing to opt back into NIPSCO's EE Programs.
- NIPSCO may be required to provide the Indiana Utility Regulatory Commission with a list of those industrial or large commercial customers that have opted in to participation.
- You may opt back in to the EE Program at any time. Once you opt back in to participation in the EE Program, you must participate for at least three (3) years after the date on which you opt back in and may only opt out effective January 1 of the year following the third year of participation. If you opt out again before the end of the three year period, you remain liable for and must continue to pay rates that include the EE Program Costs. Please see Rider 883 for additional details.

If needed, use a **separate document for each qualifying Single Site** and include it when you submit this form to NIPSCO.

Provide account information <i>exactly</i> as it appears on your NIPSCO bill. Check all boxes that apply.		Opt In to Energy Efficiency Program
Company Name (as it appears on your bill):		Efficiency Program
Account Numbers	Facility Address (Street, city, state	, zip)

Please check the box to acknowledge the statement.

□ We hereby notify NIPSCO of our election, pursuant to Ind. Code 8-1-8.5-9(g), to participate in the NIPSCO EE Program at our eligible site(s). We understand that we must participate in the EE Program for at least three years after the date on which our opt in commences and that if we terminate participation during the three year period, we shall be responsible for EE Program Costs for the remainder of the three year period.

Complete this section with information about the person at your company who is authorized to make decisions concerning this form and your NIPSCO account. In addition, provide your company information, as it appears on your NIPSCO bill.

First and Last Name (please print)	Title
Company Name (as it appears on your bill):	Phone No.
Mailing Address 1	Fax No.
Mailing Address 2	Email Address
City, State, Zip	-
Signature	- Date