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Application Employee Payroll Deduction Authorization

LSU-R í

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Request: \_\_\_\_\_ Initial \_\_\_\_\_ Renewal

Plan Name: \_\_\_\_\_

Organization as registered with the LA Secretary of State:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Plan Information:

Type of Insurance: \_\_\_\_\_

\_\_\_\_\_

Description of Benefits and/or Service:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will the employee have the option to retain coverage:

At separation: Yes No

At Retirement: Yes No

Describe plan requirements or restrictions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Statutory authority, if applicable: R.S. \_\_\_\_\_ Other: \_\_\_\_\_

Is organization regulated by the Department of Insurance: Y• N}

Is the organization regulated by the O