



Application Employee Payroll Deduction Authorization

LSU-PR1

Request: _____ Initial _____ Renewal

Plan Name: _____

Organization as registered with the LA Secretary of State:

Name: _____

Address: _____

City/State/Zip: _____

Organized: _____ Chartered: _____

EIN: _____

Registered to do business in state of Louisiana: Yes No

Rated _____ in 20_____ issue of A.M. Best Life and Health Insurance Report

Principal Officers of organization:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Number: (_____) _____

Designated Coordinator:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Number: (_____) _____

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: Yes No

Is the organization regulated by the Office of Financial Institutions: Yes No

Sponsoring Campus/Agency: _____

Area of solicitation authorized: _____

I hereby certify that I have read and understand the requirements as currently published by Louisiana State University governing miscellaneous payroll deductions which requirements must be met to obtain and continue payroll deduction authorization and do further pledge compliance with same. I further attest that the above and foregoing statements are true and correct to the best of my knowledge and belief.

Date and Corporate Seal

Signature Principal Organization

Title

Date and Corporate Seal

Signature Principal Organization

Title