

**Instructions for Application Form SED-2 for Annual Renewal
State Employee Payroll Deduction Authorization**

Form SED-2 is enclosed for your use in requesting continued payroll deduction authorization.

Products/services short names and codes are pre-printed on Form(s) SED-2PID enclosed for your use in providing Product or Service identification. Do not change any pre-printed information. If any of the pre-printed information is incorrect, line through and type the correct information on the side. The product/service names and codes on your payroll deduction FORM (SED-4) must contain this same identification. **All information requested must be completed to continue payroll deduction.**

Please review the following instructions prior to completing Form SED-2:

Use the attached SED-2 Application Verification form to assure that what is entered on the application is accurate. Make sure that any differences submitted on the SED-2 are valid changes as they will be used to update the vendor information provided to the agencies and/or employees.

If applicable, enter toll free numbers with extensions for all requested phone and fax numbers.

The appropriate box in the upper right corner of the application has been pre-marked to indicate the application is being submitted as an annual request. Provide the application completion date on the line indicated, "_____". Enter the company's domicile state.
Date

1. **ORGANIZATION AS REGISTERED WITH THE LOUISIANA SECRETARY OF STATE**
 - Address, phone, and fax numbers **must** be the "Home Office" (principal place of business) or where the corporation is chartered (corporate domicile).
 - If the monthly remittance (payment) and deduction data are not to be sent to the organization's Home Office address, check the box and provide the remittance address to the right. **Note: Vendor payments and deduction data are sent electronically, this address would only be necessary if a check had to be generated.**

2. **DATES**

These dates apply to the company name under which the current application is being submitted.

3. **PRINCIPAL OFFICERS OF ORGANIZATION**

Provide name, title, address, phone number, and fax number.
****One of the executive officers listed here must also sign the application form for the company.****

4. **ADMINISTRATIVE COORDINATOR**
 - The Administrative Coordinator is the individual designated by the company/vendor to be the primary point of contact on authorized deductions between state departments/agencies, company representatives, and the Office of State Uniform Payroll (OSUP).
 - This individual should be knowledgeable in the company/vendor areas of enrollment, billing, claims processing, client service, and field agent activity and responsibility.
 - The Coordinator must also be knowledgeable of all the details in the entire Payroll Deduction Rule, as well as, OSUP policies and procedures issued to vendors.

- The company/vendor, through this representative, will be expected to resolve any problems that may arise for state agency management resulting from the payroll deduction authority.

Provide name, title, telephone number (toll free number if available) with extension, fax number, mailing address, and email address.

5. BILLING COORDINATOR

- If preferred, the Administrative Coordinator may appoint a vendor representative to handle the areas of billing, refunds, and reconciliation problems.

Provide name, title, telephone number (toll free number if available) with extension, fax number, mailing address, and email address. Enter this information even if the same as the Administrative Coordinator. The Billing Coordinator will serve as the FTP file retrieval contact unless otherwise submitted on the EFT/FTP form (OSUP/F35) or vendor letter of transmittal.

6. LOUISIANA (LA) SALES COORDINATOR

- If preferred, the Administrative Coordinator may appoint a vendor representative to handle the areas of solicitation and educational responsibilities.

Provide name, title, telephone number (toll free number if available) with extension, and email address. Enter this information even if the same as the Administrative Coordinator.

7. CUSTOMER SERVICE NUMBER FOR EMPLOYEES

Provide the telephone number (toll free number if available) with extension.

8. A. CURRENT BEST RATING {insurance vendors only}

Indicate the A.M. Best number.

Indicate the most recently published A.M. Best {Life and Health} Insurance Report rating and the date of the report.

B. DOMESTIC (LA) COMPANIES

Indicate if you are a member of the Louisiana Life & Health Insurance Guaranty Association.

C. SECURITIES PLEDGED & EVIDENCE

Identify medium/manner/method/vehicle used for compliance with §114 of Payroll Deduction Rule and R.S. 42:455. A copy of a letter of credit or safekeeping receipt for certificate of deposit which verifies satisfaction of the requirements of §114.B.4 of Payroll Deduction Rule, **must** be attached; check this block to indicate accordingly. Non-insurance/non-regulated vendors and Domestic Insurance vendors not meeting A.M. Best rating requirements, **must** identify means of compliance with §114 of Payroll Deduction Rule and R.S. 42:455.

9. PRODUCTS/SERVICES

A. INSURANCE PRODUCTS

B. ALL OTHER VENDORS

- The approved products and appropriate payroll deduction codes for the current plan year have been preprinted in this blocked area.
- Any of the listed products for which active solicitation may be or has been discontinued should be 'lined through' to indicate this status with an effective date.
- Complete items on Form SED-2PID for each product/policy form to be renewed (pre-coded forms are included).
- Items on Form SED-2PID should not be completed for policies no longer solicited by your company. Any policy that is no longer solicited, but continues to have active participants must be listed on your company specimen report.
- **If all policies within a product level are no longer being solicited, an indication must be made in the SED-2 #9 A/B section and noted in the vendor's letter of transmittal. Once a policy or product is noted as no longer being solicited by the vendor, the policy or product cannot be solicited again without going through a new request for approval.**

10. **SPONSOR - ALL NEW APPLICATIONS ONLY - DO NOT COMPLETE**

Requests to add a new product, policy, or service must be submitted annually by July 1st. Contact the Office of State Uniform Payroll (OSUP) (225) 342-0713 for details and ask for your representative in the OSUP Benefits and Financial Administration (BFA) Unit.

11. **AREA OF SOLICITATION**

Indicate whether the applicant/vendor services employees of **all** departments/agencies or otherwise. If other than statewide, list the specific department(s) and/or the geographic areas of the state serviced.

12. **LOUISIANA COMPANIES - ALL NEW APPLICATIONS ONLY - DO NOT COMPLETE**

Provide a list of LA companies/employers (other than State government) with which you currently have payroll deduction slots and indicate on application that a list is attached. This list is for reference only.

13. **DEDUCTION AUTHORIZATION (Form SED-4)**

A copy of the payroll deduction authorization form you are currently using to enroll state employees **must** be attached. OSUP must approve these forms.

14. **CERTIFICATION**

- Application must be signed by one of the principal officers of the company, listed in item 3, submitting the application.
- Affix corporate seal and date as indicated on the form.
- The signature of the individual designated by the company as Administrative Coordinator is **required.**
- **Applications submitted without principal officer AND administrative coordinator signatures will be returned without being reviewed.**