



LSU OPTIONAL INSURANCE ELECTION FORM

I, \_\_\_\_\_, LSU ID# \_\_\_\_\_, have received brochures or literature on the insurance plans listed below and have made the following decisions: (check correct action)

- 1. Hartford Long Term Disability Insurance Enrolled \_\_\_\_\_ Waived \_\_\_\_\_
2. Hartford Group Accident Coverage (AD&D only) Enrolled \_\_\_\_\_ Waived \_\_\_\_\_
3. Health Insurance Option\* Enrolled \_\_\_\_\_ Waived \_\_\_\_\_
Check "ENROLLED" if selecting any of the following plans; check specific plans below:
- Preferred Provider Option (PPO)
- BlueCross / BlueShield - Health Maintenance Organization (HMO)
- United HealthCare - High Deductible Plan with Health Savings Account
- LSU First (LSU System Health Plan) - Consumer Driven Health Plan (OPTION 1)
- LSU First (LSU System Health Plan) - Consumer Driven Health Plan (OPTION 2)
- Vantage HMO (for region 9 only)
4. Prudential Life Insurance (Office of Group Benefits Program Life Insurance)\* Enrolled \_\_\_\_\_ Waived \_\_\_\_\_
5. Dental Plan\* Enrolled \_\_\_\_\_ Waived \_\_\_\_\_
6. Vision Plan \* Enrolled \_\_\_\_\_ Waived \_\_\_\_\_
7. LSU System Term Life Insurance (AD&D optional with The Hartford) Enrolled \_\_\_\_\_ Waived \_\_\_\_\_
8. UNUM Long Term Care Insurance Enrolled \_\_\_\_\_ Waived \_\_\_\_\_

I understand that if I am interested in participating in any of these insurance options, I must complete and submit the required enrollment document to the LSU Agricultural Center Human Resource Management Office within the first 30 days of my employment/eligibility with Louisiana State University. I further understand that I am responsible for verifying that the premiums are being withheld from my check.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\* Premiums for these plans are eligible for tax-sheltering under the "Premium Only" portion of the Tax Saver Flexible Benefits Plan.