



Human Resource Management
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FOLDER #3 - INSTRUCTIONS FOR COMPLETING MEDICAL AND LIFE INSURANCE FORMS

★ IMPORTANT NOTE: An election to enroll for or waive any of the following insurances must be made before your salary check will be issued. You do, however, have thirty (30) days from your date of employment to change, without restrictions, any insurance decisions you make.

All insurances covered in this section are **optional**. A description of each of the insurances and the premium rate schedules for each are included in the "[Schedule of Employee Benefits](#)." Enclosed in Folder #3 are links to the various plans information on the web. Enrollment forms should be completed as follows:

[Office of Group Benefits and Health Maintenance Organization \(HMO\) Enrollment/Change Form](#) - Must be completed by all employees, regardless of whether or not you are enrolling in the coverage (medical or life). Please note the following regarding the enrollment form:

The insurance company will accept no erasures, white-outs, or strikeouts on the enrollment form. If there are any questions about what areas to complete or which boxes to mark, please contact any Human Resource Benefits personnel.

- 1) Complete **Section A**.
- 2) Complete **Section B**.
- 3) In **Section C**, if participating in the medical insurance, write in one of the following: PPO, HMO (BlueCross BlueShield), CD-HSA (Consumer Driven Health Savings Account), Medical Home HMO Plan (region 9 only), Regional HMO, LSU First Option 1 or LSU First Option 2.
- 4) Complete **Section D**. Indicate level of coverage selected. Employee, spouse and dependent data must be listed if enrolling in any of the medical options and/or the state life insurance option. In the event your spouse is also employed by the State of Louisiana and you are covered as a dependent on his or her health or life plan, please note that coverage is available as either an employee or a dependent, not both. However, it may be to your benefit to enroll through your own employer. Consult Human Resources for details.

****If you are not an agency transfer and are adding dependents to your state group health or life insurance, you must provide proof of legal relationship for insurance purposes. If adding your spouse, a copy of the marriage certificate is provided; if adding children, a copy of their birth certificates...)**

- 5) In **Section F, Medicare**, the question is whether the employee and spouse are presently covered by Medicare. If a covered party is covered by Medicare, this affects the premium rate after retirement.
- 6) Complete **Section G** if applicable. This coverage is available to retirees only.
- 7) Complete **Section H**. Mental Health coverage is provided under all health plans. This is an additional

All Employees 121 Days or greater & greater than or equal to 30 hours
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benefit. Contact the AgCenter HRM Office for rates.

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- 8) Complete **Section J** for the State Group **life insurance** option. If participating in this option, be sure to complete the separate form titled "Enrollment Form," with Control #33624 listed in the right hand corner of the form. This is in the link "Life Insurance Kit" and is necessary in order to name your beneficiary and must be completed only if enrolling in this life insurance plan.

- 9) Complete the Portability Law Form if enrolling in medical coverage. Complete sections 1 thru 5 if covered under a prior health insurance policy within 63 days of enrollment of this coverage or sections 1 and 2 if prior health coverage was not in effect within 63 days of date of health insurance application. **Please Note: A certificate of insurance from prior health plan can be submitted in lieu of Portability Law Form.**

If you have enrolled for any type of coverage (including coverage under any of the health plans or the OGB life insurance), sign and date at the bottom (left- hand side) of the form next to the "X". **Section I** is only if you are waiving all coverage (both health and life plans) on the form.