



**EMPLOYEE ELECTION TO CONTINUE DENTAL/VISION
PLAN(S)**

Name: _____

Retirement/Separation Effective Date: _____

Please place a checkmark next to the plan(s) you wish to continue:

_____ Dental Plan _____ Vision Plan

I wish to be billed at the following address: _____

Please list your home phone number: _____

Please return this form to: LSU Agricultural Center; P. O. Box 25203; Baton Rouge, LA 70894-5203 within 30 days of your retirement date.