



Human Resource Management
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FOLDER #4 - INSTRUCTIONS FOR COMPLETING DOCUMENTS FOR OTHER MISCELLANEOUS BENEFITS

Note: You may not be eligible for all of the following benefits. Complete only those forms your office manager or the HRM Office instructed you to complete.

All insurances covered in this section are **optional**. Folder #4 includes information on disability, accident, dental, vision, supplemental medical, and life insurance plans. Also included is information on the University's Flexible Benefits Plan for tax sheltering certain insurance premiums and health and dependent care expenses. A description of each of these items is included in the "[Schedule of Employee Benefits](#)."

1. ANNUAL LEAVE ACCRUAL RATE ELECTION FORM - To be completed by all new Academic or Unclassified employees whose length of appointment is greater than 180 days. Choose only one option. Sign form and print name & social security number. Election must be made within 30 days of employment.
2. TAX SHELTERED ANNUITY PROGRAM (403(b) PLANS) – Access the information on our website: http://www.lsuagcenter.com/en/administration/about_us/Human_Resources/Benefits/Retirement/Supplemental+Retirement+Accounts.htm. Complete and return this set of forms **only** if you wish to participate.
3. STUDENT TUITION ASSISTANCE AND REVENUE TRUST PROGRAM - This program, commonly referred to as the "START Saving Program," was created to help residents save for their children's postsecondary education. As an incentive to save, the State of Louisiana will allocate funds to an employee's account at a variable rate, depending upon the amount employees deposit and their adjusted gross income. Applications for children over the age of one are only accepted during open enrollment periods which begin July 1st and end November 1st of each year. The program accepts new applications for children under the age of one at any time during the year. Interested employees should contact the AgCenter Human Resource Management Office for additional information or visit them online: www.startsaving.la.gov/savings/overview.jsp
- ★ **IMPORTANT NOTE: An election to enroll for or waive any of the following benefits 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.**
4. FORM: LSU SYSTEM VOLUNTARY BENEFITS ENROLLMENT FORM AND SUMMARY SHEET – These 2 pages attempt to combine enrollment forms for many of our optional insurance plans. Complete the personal information required on the first page and make benefit selections for Group Accident Insurance (AD&D), Dental Insurance, Long Term Disability, Vision Insurance, and the Tax-Saver "Premium Only" Plan on the summary sheet. Separate forms for each of the following, if elected, are required: Extension Benevolent Life, Long Term Care, LSU Supplemental (Group Term Life) with The Hartford and the Tax-Saver Flexible Benefit Spending Accounts (A waiver or enrollment must be completed for the Tax-Saver).

5. TAX-SAVER FLEXIBLE BENEFITS PLAN - This form must be completed by all employees whose appointment is 75% of full-time or greater. Check the appropriate box near the middle of the form ("I wish to participate" or "I do not wish to participate." Complete with signature. If you do choose to participate in a Flex Spending account, complete the appropriate information near the top of the form. (If participating in The "Premium Only" portion, the election should be made on the LSU System Voluntary Benefits Enrollment Form and Summary Sheet as described above in #4). If either spending account is elected, the direct deposit information must also be completed.
6. EXTENSION BENEVOLENT LIFE INSURANCE – (No brochure) – **Available to LCES Academic employees only.** This policy provides for \$5,000 of life and AD&D insurance for a monthly premium of \$17.45. It becomes effective the first of the month after completion of one full calendar month. Coverage is available to the employee only, no dependent coverage. If enrolling, complete applicable sections and sign the form. If you do not want coverage, write DO NOT WANT across the front of the form and include your social security number, sign and date it.
7. HARTFORD LONG-TERM DISABILITY INSURANCE - If you wish to enroll, complete the "Long Term Disability" section of the *LSU System Voluntary Benefits Enrollment Summary Sheet* in addition to required personal information on page 1 of the form, *LSU System Voluntary Benefits Enrollment Form*. Sign both forms where "Employee Signature" is noted.
8. GROUP ACCIDENT INSURANCE COVERAGE - – If you wish to enroll, complete the "AD&D Insurance" section of the *LSU System Voluntary Benefits Enrollment Summary Sheet* in addition to required personal information on page 1 of the form, *LSU System Voluntary Benefits Enrollment Form*. Sign both forms where "Employee Signature" is noted. If enrolling, be sure to indicate the amount of coverage desired, whether selecting the "Employee Only" plan or the "Family" plan and to include applicable beneficiary information.

OPTIONAL INSURANCE PLANS

Listed below are the Optional Insurance Plans offered by the Louisiana State University System. The LSU System is **not** administering these optional insurance plans. We are simply making available to employees the convenience of having their premiums payroll deducted. If you need additional information concerning individual plans, please refer to the [Schedule of Employee](#) Benefits or contact the appropriate representative.

9. DENTAL PLAN - Employees have the option of choosing a basic dental plan which covers preventive services and features a benefit schedule for all other services and an enhanced dental plan which is designed to help you meet the expense of dental care by providing comprehensive coverage. Members are free to go to a licensed dentist of their choice under both options. If you wish to enroll, complete either the "Dental Enhance Plan (Option1)" or the "Dental Basic Plan (Option 2)" section of the *LSU System Voluntary Benefits Enrollment Summary Sheet* in addition to required personal information on page 1 of the form, *LSU System Voluntary Benefits Enrollment Form*. Sign both forms where "Employee Signature" is noted.
10. VISION PLAN - Members are allowed to obtain one vision exam and one pair of eyeglasses or contacts every 12 months when obtaining services from a member doctor. Participating doctors are located throughout the state and can be found on the website www.davisvision.com. If you wish to enroll, complete the "Vision Insurance" section of the *LSU System Voluntary Benefits Enrollment Summary Sheet* in addition to required personal information on page 1 of the form, *LSU System Voluntary Benefits Enrollment Form*. Sign both forms where "Employee Signature" is noted.

11. LSU SUPPLEMENTAL (HARTFORD) TERM LIFE INSURANCE - This plan provides a new option for group-term life coverage. It provides a death benefit, equal to the coverage amount in effect at the time of death, payable to the named beneficiary. Coverage amounts available range from \$10,000 to \$1,000,000. Also available is accidental death and dismemberment coverage. Dependent life insurance can be purchased for the employee's spouse and children. If you wish to enroll, complete the enrollment form.
12. UNUM LONG TERM CARE INSURANCE - This plan provides benefits for the type of care received when someone needs assistance - either at home or in a facility, such as a nursing home - with activities of daily living due to an accident, illness or advancing age. Monthly benefit amounts available range from \$1,000 to \$4,000. The benefit duration is either 3 years or 6 years. If you wish to enroll, complete the enrollment form. Contact: Phil Pasley (318/747-0577)
13. LSU OPTIONAL INSURANCE PLAN ELECTION FORM - This form **must** be completed after all insurance elections and/or waivers have been made. You **must** return this completed form.