

Forms & Resources for LSU First



[2017 SUMMARY OF BENEFITS OPTION 1](#)

[2017 SUMMARY OF BENEFITS OPTION 2](#)

[SEARCH FOR AN LSU FIRST PROVIDER](#)

[WORKDAY JOB AID: MANAGE \(ADD/REMOVE\) DEPENDENTS](#)

[WORKDAY JOB AID: CHANGE BENEFITS](#)

[WORKDAY JOB AID: MODIFY/CHANGE PERSONAL INFORMATION \(NAME/ADDRESS\)](#)

**Benefits and Dependents can only be changed during Annual Enrollment or due to a qualifying event.*

[LIST OF QUALIFYING EVENTS](#)

[DELIVERY WITH PRAXIS RX](#)

[CITIZENS RX FORMULARY EXCLUSION LIST](#)

[LSU FIRST HEALTH CLAIM FORM](#)

[CITIZENS RX PRESCRIPTION CLAIM FORM](#)

[EMPLOYEE ASSISTANCE PROGRAM FLYER](#)