STATE OF LOUISIANA - OFFICE OF GROUP BENEFITS
PARTICIPATION APPEAL FORM

The Office of Group Benefits (OGB) determines participation based on its business records. If you had coverage prior to 1999, we invite you to submit with this form any documentation evidencing the years you participated[1] in an OGB-offered health plan prior to retirement. If you disagree with the participation statement OGB provided to you and your human resources department, you may request that OGB research your participation further.

Please fill out the form and return it to OGB at:

Office of Group Benefits
Attention: Eligibility
P.O. Box 44036
Baton Rouge, LA 70804-4036
Fax: 225-342-9919
Email: OGB.CustomerService@la.gov

PERSONAL INFORMATION (Please print or type)			
NAME (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS		

If you were covered under a different name or names, please enter that information below.

NAME (LAST, FIRST, M.I.)	NAME (LAST, FIRST, M.I.)

EMPLOYEE COVERAGE (Please print or type) Fill out this section with the name(s) of your employing agency(ies), the dates employed there, and the dates you participated in an OGB-offered health plan.

AGENCY NAME	EMPLOYMENT START DATE (MM/DD/YYYY)	EMPLOYMENT END DATE (MM/DD/YYYY)	COVERAGE START DATE (MM/DD/YYYY)	COVERAGE END DATE (MM/DD/YYYY)

SPOUSAL COVERAGE (Please print or type) If you were covered as a dependent on your spouse's (the member's) OGB-offered health plan, please fill out this section with your spouse's name, spouse's social security number, the name of the spouse's employing agency and the date(s) you were covered as a dependent spouse in an OGB-offered health plan.

YOUR SPOUSE'S NAME (LAST, FIRST, MIDDLE INITIAL)	YOUR SPOUSE'S SOCIAL SECURITY NUMBER

AGENCY NAME	EMPLOYMENT START DATE (MM/DD/YYYY)	EMPLOYMENT END DATE (MM/DD/YYYY)	COVERAGE START DATE (MM/DD/YYYY)	COVERAGE END DATE (MM/DD/YYYY)

EMPLOYEE SIGNATURE	DATE
AGENCY REPRESENTATIVE SIGNATURE	DATE
AGENCY NAME	AGENCY NUMBER

[1]Participation is determined by the number of years an employee has been enrolled, as the primary plan member or as a dependent spouse, in an OGB-offered health plan prior to retirement, **not** by the number of years they have been employed by the state.