



**STATE OF LOUISIANA**  
 DIVISION OF ADMINISTRATION  
**OFFICE OF GROUP BENEFITS**



**ADDITIONAL AGENCY CONTACTS FORM**

Please read the following important information BEFORE completing this form:

1. Each participating agency shall appoint a Group Benefits Coordinator who will be an official point of contact for the agency. It is recommended that there be at least one additional contact to serve as a backup.
2. Any time the backup contact(s) changes, this form **MUST** be updated to reflect the change and resubmitted to OGB within 10 business days.
3. The completed form must be signed by the Agency Benefit Coordinator and emailed or faxed to:

Office of Group Benefits  
 Attention: Agency Services  
 P.O. Box 44036  
 Baton Rouge, LA 70804-4036  
 Fax: 225.342.9919  
 email: ogb.help@la.gov

Participating Agency Name

Participating Agency Number

Backup Agency Contact Name

Email Address

Backup Agency Contact Name

Email Address

Backup Agency Contact Name

Email Address

Are you a LaGov or Non-LaGov Agency?     LaGov     Non-LaGov

If you are a Non-LaGov agency, do you participate in the Flexible Benefits Plan offered by OGB?     Yes     No

\_\_\_\_\_  
 Signature of Agency Benefits Coordinator

\_\_\_\_\_  
 Date Signed

Printed Name of Agency Benefits Coordinator

Email Address of Agency Benefits Coordinator