



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



**ADDITIONAL AGENCY INVOICING CONTACTS FORM**

Please read the following important information BEFORE completing this form:

1. Each participating agency shall appoint an Invoicing Contact 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: Invoicing  
 P.O. Box 66678  
 Baton Rouge, LA 70896  
 Fax: 225.342.9917  
 email: OFSS-OGB.Invoicing@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