



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: Wendy Landry
 P.O. Box 44036
 Baton Rouge, LA 70804-4036
 Fax: 225.342.9917
 email: wendy.landry2@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
Backup Agency Contact Name	Email Address
Are you a LaGov or Non-LaGov Agency? <input type="checkbox"/> LaGov <input type="checkbox"/> Non-LaGov	
If you are a Non-LaGov agency, do you participate in the Flexible Benefits Plan offered by OGB? <input type="checkbox"/> Yes <input type="checkbox"/> No	

 Signature of Agency Benefits Coordinator

 Date Signed

 Printed Name of Agency Benefits Coordinator

 Email Address of Agency Benefits Coordinator