



**STATE OF LOUISIANA - OFFICE OF GROUP BENEFITS
LIFE INSURANCE ADMINISTRATIVE ERROR**



REQUEST FOR ADMINISTRATIVE ERROR

In order to start this process, please complete and submit this form along with your explanation and any supporting documentation to: PrudentialLifeIns@la.gov

or

Office of Group Benefits
Attention: Admin. Error Review
P.O. Box 44036
Baton Rouge, LA 70804

MEMBER INFORMATION

NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

SOCIAL SECURITY NUMBER

DATE OF BIRTH

AGENCY CONTACT INFORMATION

SUBMITTED BY

TITLE

PHONE NUMBER

EMAIL ADDRESS

SELECT REVIEW REQUEST TYPE

- ADD SPOUSE DROP SPOUSE INCREASE COVERAGE
- DECREASE COVERAGE CANCEL DEPENDENT LIFE COVERAGE
- CANCEL LIFE COVERAGE
- OTHER _____



STATE OF LOUISIANA - OFFICE OF GROUP BENEFITS
LIFE INSURANCE ADMINISTRATIVE ERROR
CONTINUED



MEMBER REASON FOR REVIEW

Explain why you are requesting a review.

AGENCY ADMINISTRATIVE ERROR

HUMAN RESOURCES DIRECTOR (SIGNATURE)

DATE

PLAN MEMBER (SIGNATURE)

DATE

APPEAL DECISION

APPROVE

DENY

OGB REPRESENTATIVE

DATE