



STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
OFFICE OF GROUP BENEFITS



**Participating Employer Administrative Error Form
For Life Insurance**

ADMINISTRATIVE ERROR FORM SUBMISSION

Submit this form to OGB at PrudentialLifeIns@la.gov with your explanation and any supporting documentation:

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

Submit All Requests To: PrudentialLifeIns@la.gov

MEMBER INFORMATION

Name:

Address:

Date of Birth:

Social:

Phone:

DEPENDENT INFORMATION (IF APPLICABLE)

Name:

Address:

Date of Birth:

Social:

REQUEST TYPE

Select all that apply:

Add Dependent

Drop Dependent

Increase Coverage

Decrease Coverage

Cancel Life Insurance Coverage

Other _____

AGENCY ADMINISTRATIVE ERROR



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Provide a detailed description of the administrative error here.

Human Resources Director

Date

Plan Member

Date

For OGB Office Use Only:

FINAL DECISION

Approve

Deny

Final Decision Reason(s):

OGB Representative

Date