



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: 225.342.9919
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

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