



LSU OPTIONAL INSURANCE ELECTION FORM

I, _____, LSU ID# _____, have received brochures or literature on the insurance plans listed below and have made the following decisions: (check correct action)

- 1. Hartford Long Term Disability Insurance Enrolled _____ Waived _____
2. Hartford Group Accident Coverage (AD&D only) Enrolled _____ Waived _____
3. Health Insurance Option* Enrolled _____ Waived _____
Check "ENROLLED" if selecting any of the following plans; check specific plans below:
- Preferred Provider Option (PPO)
- United - Exclusive Provider Option (EPO)
- Humana - Health Maintenance Organization (HMO)
- LSU First (LSU System Health Plan) - Consumer Driven Health Plan
- Prudential Life Insurance (Office of Group Benefits Program Life Insurance)*
4. Ameritas Dental Plan* Enrolled _____ Waived _____
5. Always Vision Plan * Enrolled _____ Waived _____
6. LSU System Term Life Insurance (AD&D optional with The Hartford) Enrolled _____ Waived _____
7. UNUM Long Term Care Insurance Enrolled _____ Waived _____

I understand that if I am interested in participating in any of these insurance options, I must complete and submit the required enrollment document to the LSU Agricultural Center Human Resource Management Office within the first 30 days of my employment/eligibility with Louisiana State University. I further understand that I am responsible for verifying that the premiums are being withheld from my check.

SIGNATURE _____ DATE _____

* Premiums for these plans are eligible for tax-sheltering under the "Premium Only" portion of the Tax Saver Flexible Benefits Plan.