

**Instructions for Application Form SED-2PID**  
**State Employee Payroll Deduction Authorization**

Form SED-2PID is enclosed and must be used in requesting continued payroll deduction authorization and for providing specific product information. Please complete all information requested, even if N/A. Do **not** complete with “**SEE ATTACHED**” so our review can be as efficient as possible.

Products/services short names are pre-printed on the form SED-2PID enclosed for providing Product or Service identification.

**Please review the following instructions prior to completing Form SED-2PID:**

1. **Generic/Product Name (Pre-Printed)**  
Provide generic product name
  
2. **Policy Form #**
  - Provide Policy Form # as registered with the LA Department of Insurance (new applications - add additional columns if offering more than one policy form under same product name).
  - Please do **not** identify single, 2 party, and family policy as separate policies.
  - A copy of the specimen Policy must be attached, as well as, information for applicable riders available under the contract.
  
3. **For currently approved policies only:** Indicate whether or not the referenced policy form number will be solicited to state employees this plan year.  
  
**An SED-2PID is not required for non-soliciting policies. Any policy that is no longer solicited, but continues to have active participants must be listed on your company specimen report. If all policies within a product level are no longer being solicited, an indication must be made in the SED-2 #9 A/B section and noted in the vendor’s letter of transmittal. Once a policy or product is noted as no longer being solicited by the vendor, the policy or product cannot be solicited again without going through a new request for approval.**
  
4. **Type of Coverage**  
Indicate the type of coverage this product provides.
  
5. **Built in Riders/Optional Riders**  
Identify all built in and optional riders available with this policy form number by **rider name and form #**. Attach specific information describing the riders.
  
6. **Policy Duration**  
Indicate the duration of the policy.
  
7. **Cancel Provisions - Insurer**  
Indicate if there are any cancellation provisions for the insurer.
  
8. **Cancel Provisions - Insured**  
Indicate if there are any cancellation provisions for the insured.
  
9. **Benefit Limits**  
Indicate, if any, what the benefit limits are.
  
10. **Carve Out Provisions/Coordination of Benefits**  
Indicate Yes or No if there are any carve out provisions/coordination of benefits.

**11. Employee or Dependent Eligibility Requirements**

Indicate and explain whether there are any specific eligibility requirements for employee and/or dependent.

**12. Premiums**

Indicate the coverage details and list the premiums as shown on addendum and attach entire **monthly** premium rate schedule for the policy. **If the rates require a calculation to be completed in order to obtain the rates shown on the addendum and SED-2PID, you must include a calculation sheet.**

**13. Rate Increases**

Explain how and when rates can be increased. Remember, rate increases on payroll deducted products can only occur annually effective January 1.

**14. Lifetime Max**

Maximum lifetime benefits eligible to receive.

**15. Annual Max**

Maximum annual benefits eligible to receive.

**16. Age or Other Restrictions**

Please note any age or other restrictions.

**17. Exclusions/Limitations/Pre-Existing Conditions (Do not state "SEE ATTACHED")**

List any specific exclusions, limitations, or pre-existing condition clauses for the policy.

**18. Definition of PEC (Do not state "SEE ATTACHED")**

Provide your company's definition for pre-existing condition.

**19. Definition of Exclusion (Do not state "SEE ATTACHED")**

Provide your company's definition for exclusion.

**20. Guarantee Issue**

Please indicate Yes or No if an applicant that applies for coverage will be guaranteed coverage not subject to further review (i.e. medical review).

**21. Waiting Period for Coverage**

Indicate the time period that new policyholders must wait before coverage begins.

**22. Waiting Period for Rider**

Indicate the time period that new policyholders must wait before rider begins.

**23. Section 125 Eligibility**

Indicate Yes or No if the product is Internal Revenue Code Section 125 eligible. (Flexible Benefit Plan)

**24. Benefits Taxable**

Indicate Yes or No if the benefits received from the policy must be reported on employee W2.

**25. Cash Value**

Does the product offer a cash value option? Yes or No.

**26. Return of Premium Option**

Does the product offer a return of premium option? Yes or No.

**27. Employee Option to Retain Service/Policy upon Separation (Portability)**

Does the employee have the option to keep the policy if no longer employed by the State?

If Yes, at what cost and indicate if there are any age restrictions.

Will the employee/policyholder be issued a new policy?

Will the employee/policyholder be subject to underwriting?

Will the employee/policyholder be subject to a pre-existing clause?

Will the employee/policyholder be subject to a waiting period?

If waiting period, how long?

**28. Employee Option to Retain Service/Policy upon state termination of policy (Portability)**

Does the employee have the option to keep the policy if the State no longer offers the product?

If Yes, at what cost and indicate if there are any age restrictions.

Will the employee/policyholder be issued a new policy?

Will the employee/policyholder be subject to underwriting?

Will the employee/policyholder be subject to a pre-existing clause?

Will the employee/policyholder be subject to a waiting period?

If waiting period, how long?

**29. Advantages of Policy**

Please list what you feel are specific advantages of your policy.

**30. Specimen Policy**

Please attach to addendum the specimen policy for this policy.

**31. Applicable Rider policies**

Please attach to addendum the policies for all applicable riders for this policy.

**32. Brochure**

Please attach to addendum the brochure for this policy and all applicable riders.

**33. Vendor application/enrollment form**

If any policy has a guarantee issue (Yes for question #20), enclose a copy of the vendor's application/enrollment form that an employee would complete to apply for coverage.

**34. LA Department of Insurance approval letter for all insurance policies (Required for NEW Applications only)** Please attach a copy of the LA Department of Insurance approval letter for this policy form number.

**35. Certification**

The Prepared by name indicates the person 1) that prepared the information and 2) that verified that the information provided on the SED-2PID is for the policies listed on the top of this form. The title, phone number, and email address of the preparer must be provided, as well as, the date completed.