

**Instructions for Application Form SED-2 for New Vendor or Product
State Employee Payroll Deduction Authorization**

Form SED-2 is enclosed for your use in requesting payroll deduction authorization.

Products/services short names are pre-printed on the Form SED-2PID enclosed for providing Product or Service identification. **All information requested must be completed to be considered for a payroll deduction slot.**

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

If applicable, enter toll free numbers with extensions for all requested phone and fax numbers.

The appropriate box in the upper right corner of the application has been pre-marked to indicate the application is being submitted as a new application. Provide the application completion date on the line indicated, "_____". Enter the company's domicile state.

Date

1. **ORGANIZATION AS REGISTERED WITH THE LOUISIANA SECRETARY OF STATE**
 - Address, phone, and fax numbers **must** be the "Home Office" (principal place of business) or where the corporation is chartered (corporate domicile).
 - If the monthly remittance (payment) and deduction data are not to be sent to the organization's Home Office address, check the box and provide the remittance address to the right. **Note: Vendor payments and deduction data are sent electronically, this address would only be necessary if a check had to be generated.**

2. **DATES**

These dates apply to the company name under which the current application is being submitted.

3. **PRINCIPAL OFFICERS OF ORGANIZATION**

Provide name, title, address, phone number, and fax number.
****One of the executive officers listed here must also sign the application form for the company.****

4. **ADMINISTRATIVE COORDINATOR**
 - The Administrative Coordinator is the individual designated by the company/vendor to be the primary point of contact on authorized deductions between state departments/agencies, company representatives, and the Office of State Uniform Payroll (OSUP).
 - This individual should be knowledgeable in the company/vendor areas of enrollment, billing, claims processing, client service, and field agent activity and responsibility.
 - The Coordinator must also be knowledgeable of all the details in the entire Payroll Deduction Rule, as well as, OSUP policies and procedures issued to vendors.
 - The company/vendor, through this representative, will be expected to resolve any problems that may arise for state agency management resulting from the payroll deduction authority.

Provide name, title, telephone number (toll free number if available) with extension, fax number, mailing address, and email address.

5. BILLING COORDINATOR

- If preferred, the Administrative Coordinator may appoint a vendor representative to handle the areas of billing, refunds, and reconciliation problems.

Provide name, title, telephone number (toll free number if available) with extension, fax number, mailing address, and email address. Enter this information even if the same as the Administrative Coordinator. The Billing Coordinator will serve as the FTP file retrieval contact unless otherwise submitted on the EFT/FTP form (OSUP/F35) or vendor letter of transmittal.

6. LOUISIANA (LA) SALES COORDINATOR

- If preferred, the Administrative Coordinator may appoint a vendor representative to handle the areas of solicitation and educational responsibilities.

Provide name, title, telephone number (toll free number if available) with extension, and email address. Enter this information even if the same as the Administrative Coordinator.

7. CUSTOMER SERVICE NUMBER FOR EMPLOYEES

Provide the telephone number (toll free number if available) with extension.

8. A. CURRENT BEST RATING {insurance vendors only}

Indicate the A.M. Best number.

Indicate the most recently published A.M. Best {Life and Health} Insurance Report rating and the date of the report.

B. DOMESTIC (LA) COMPANIES

Indicate if you are a member of the Louisiana Life & Health Insurance Guaranty Association.

C. SECURITIES PLEDGED & EVIDENCE

Not required unless approved.

9. PRODUCTS/SERVICES

A. INSURANCE PRODUCTS

B. ALL OTHER VENDORS

The requested products and temporary codes have been pre-printed. **If the information is incorrect, manually make corrections in this section on the final printed copy.** Complete items on Form SED-2PID for each product/policy form to be reviewed (pre-coded forms are included).

10. SPONSOR - ALL NEW APPLICATIONS (NEW VENDORS OR CURRENT VENDORS REQUESTING A NEW PRODUCT/POLICY)

Identify the department of the executive branch of state government which supports this request. Also, provide the name of the Department Head (any elected official, department secretary, or their designee for those agencies as defined under R.S. 36.4.) that has signed the form SED-3 which must be attached to this application.

Applicant must present to the Department Head the following information in order to obtain a certification. Certification does not represent endorsement of product by state or department.

1. Evidence that the vendor meets or exceeds the requirements of R.S.42:455,
2. Evidence that said applicant has knowledge of the requirements of the payroll deduction rule, and
3. How this product/service would be a benefit for employees of this department/agency.

Initial application for a new product or service must be supported by a Department Request from at least one department of the executive branch of state government other than the Division of Administration.

Applications submitted without form SED-3 signed by a Department Head from at least one department of the executive branch of state government will not be accepted.

11. AREA OF SOLICITATION

Indicate whether the applicant/vendor services employees of **all** departments/agencies or otherwise. If other than statewide, list the specific department(s) and/or the geographic areas of the state serviced.

12. LOUISIANA COMPANIES

Provide a list of LA companies/employers (other than state government) with which you currently have payroll deduction slots and indicate on application that a list is attached. This list is for reference only.

13. DEDUCTION AUTHORIZATION (Form SED-4) - Required only if approved.

14. CERTIFICATION

- Application must be signed by one of the principal officers of the company, listed in item 3, submitting the application.
- Affix corporate seal and date as indicated on the form.
- The signature of the individual designated by the company as Administrative Coordinator is **required**.
- **Applications submitted without principal officer AND administrative coordinator signatures will be returned without being reviewed.**