

YOUTH SERVICES

Vendor Acknowledgement of Receipt of Benefits Solicitation Policy

Date:

Subject: Supplemental Benefits Solicitation

Agreement Between:

Youth Services AND _____
Supplemental Benefits Vendor Name

Solicitation Date(s)/Time(s) _____

This will acknowledge my receipt and understanding of the Supplemental Benefits Solicitation Policy of Youth Services and other information set forth in this document.

According to OSUP Policy, payroll deduction authorization forms (SED-4) must be returned to Public Safety Services / Human Resources Office and will be processed in the pay period following receipt of the first pay period of the new plan year. Any changes or corrections, due to an SED-4 being completed incorrectly by the vendor representative, to an employee's supplemental policy or premiums shall be handled between the vendor and the employee by all reasonable means (letter, phone, agency or home visit). Youth Services shall not be responsible for any errors or omissions on the part of the vendor or the vendor's representative, but will assist if necessary, in obtaining a signed SED-4 if the vendor has exhausted all other means.

1. No entries, changes or corrections shall be entered into the LA GOV HCM payroll system without an SED-4 signed by the representative and the employee unless otherwise directed by OSUP.
2. No cancellation requested by the vendor shall be entered into the LA GOV HCM payroll system without an SED-4 signed by the representative and the employee unless otherwise directed by OSUP.
3. No cancellation of all products with a vendor requested by the employee shall be entered into the LA GOV HCM payroll system without a written dated statement from the employee. Youth Services shall instruct the employee to forward a copy of that letter to the vendor. If an employee that has more than one product with a vendor wishes to cancel only one product with that vendor, the employee shall be directed to the vendor to cancel per an updated signed SED-4.

A.2.39 (a)

4. For situations in which a correction to an SED-4 results in no change in total semi-monthly premium (no increase or decrease), the employee's signature is not required, but a copy of the SED-4 with a letter of explanation must be sent to the employee and Youth Services.

Vendor's Louisiana Sales Coordinator's signature certifying the distribution of this policy to the below Vendor Representative.

Signature Vendor's LA Sales Coordinator

Date

I, _____ (*Print Vendor Representative's name*), certify that I have received and read YS Policy No. A.2.39 and shall follow the established procedures and dates set forth by Youth Services. I understand that any violation by me may constitute cause for my solicitation privileges to be rescinded.

Signature Vendor Representative

Date

This form must be returned to the address below or faxed to (225) 287-7992 and a copy of this form must be submitted to the unit that you are requesting to visit for benefit solicitation purposes.

Youth Services Central Office
Undersecretary Office
7919 Independence Blvd.
P. O. Box 66458
Baton Rouge, LA 70896