



STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
OFFICE OF GROUP BENEFITS



LIFE ADMINISTRATIVE ERROR FORM

REQUEST FOR ADMINISTRATIVE ERROR

In order to start this process, this form must be completed and submitted to OGB at PrudentialLifeIns@la.gov for review. Please submit this form with your explanation and any supporting documentation to:

Office of Group Benefits
Attention: Admin. Error Review
P.O. Box 44036
Baton Rouge, LA 70804
Submit All Request To: PrudentialLifeIns@la.gov

MEMBER INFORMATION

NAME			
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	

AGENCY CONTACT INFORMATION

SUBMITTED BY	TITLE
PHONE NUMBER	EMAIL ADDRESS

SELECT REVIEW REQUEST TYPE

☐ Add Spouse	☐ Drop Spouse	☐ Increase Coverage	☐ Decrease Coverage
☐ Cancel Dep. Life Coverage	☐ Cancel Life Coverage	☐ Other:	

MEMBER REASON FOR REVIEW

EXPLAIN WHY YOU ARE REQUESTING A REVIEW:



STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
OFFICE OF GROUP BENEFITS



AGENCY ADMINISTRATIVE ERROR

AGENCY REPRESENTATIVE PROVIDE A DETAILED DESCRIPTION OF THE ADMINISTRATIVE ERROR:

HUMAN RESOURCES DIRECTOR SIGNATURE

DATE

PLAN MEMBER SIGNATURE

DATE

APPEAL DECISION

☐ APPROVE

☐ DENY

REASON FOR DECISION:

OGB REPRESENTATIVE SIGNATURE

DATE