

OFFICE OF GROUP BENEFITS
2027 ANNUAL ENROLLMENT FORM
Non-Medicare Retirees
(Please PRINT Clearly)

Plan Member's Name: _____

Address: _____

City, State, ZIP: _____

SSN: _____ Phone: (_____) _____

Personal Email Address: _____

NO ACTION IS NECESSARY IF YOU DO NOT WISH TO MAKE A CHANGE.
IF YOU WISH TO MAKE A CHANGE, PLEASE MARK ONE AND ONLY ONE SELECTION
BY PLACING AN (X) IN THE APPROPRIATE BOX

☐

Pelican HRA1000
Administered by LA Blue

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Magnolia Local Plus
Administered by LA Blue

☐

Magnolia Open Access
Administered by LA Blue

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Magnolia Local (Limited In-Network Provider Network) *Administered by LA Blue*

PLEASE MAIL, FAX OR EMAIL THIS FORM TO OGB BY NOVEMBER 15, 2026.

By Mail: Office of Group Benefits
Annual Enrollment
P.O. Box 44036
Baton Rouge, LA 70804

By Fax: Office of Group Benefits
Annual Enrollment
(225) 342-9917
or
(225) 342-9919

By Email: OGB.CustomerService@la.gov

Plan Member's Signature *(required)*

Date