

SAMPLE POLICY

SUBJECT: SUPPLEMENTAL BENEFITS SOLICITATION POLICY

EFFECTIVE DATE: _____

AUTHORIZATION: _____

I. PHILOSOPHY

It is the philosophy of the Department of _____ to comply with all directives of the Division of Administration (DOA) and to establish efficient and economical practices whenever possible.

II. POLICY

It is the policy of the Department of _____ to allow supplemental benefits solicitation only by companies (vendors) who have been approved for payroll deduction by the Office of State Uniform Payroll (OSUP) and have a current payroll deduction code.

III. PURPOSE

The purpose of this policy is to assure consistency and uniformity throughout the department regarding supplemental benefits solicitation. Appointing Authorities (or as determined by each department) are responsible and accountable for enforcement of this policy and the procedures set forth herein.

Supplemental benefits solicitation is a privilege, not a requirement. Supplemental vendor solicitation privileges may be rescinded for those who do not comply with the guidelines of this policy.

IV. AUTHORITY

In accordance with R.S. 49:950 et seq., and R.S. 42:455 et seq., the Office of the Governor, Division of Administration, Office of State Uniform Payroll adopted a rule amending the regulations governing payroll deductions. The rule defines, clarifies, and establishes parameters for vendor participation.

Louisiana Administrative Code Title 4, Part III, Chapter 1, Section 123 Solicitation of State Employees, part B states: Solicitation of employees shall be conducted within the guidelines established by the department/agency.

V. APPLICABILITY

This policy shall apply to all offices of the Department of _____ and shall be disseminated to all organizational units.

VI. DEFINITIONS

- A. **Supplemental Benefits Solicitation:** Benefits such as health, life, disability, dental, and legal services offered to employees through payroll deduction that have been approved and assigned codes by OSUP. This does not include any products offered by the Office of Group Benefits (OGB). These products will be coordinated by OGB.
- B. (Title of the person in your department who will be responsible for coordinating the supplemental vendors who request permission to solicit approved products.)

VII. VENDOR PROCEDURES

- A. Vendor's Louisiana Sales Coordinator will determine which representatives will visit a proposed site.
- B. Supplemental benefits vendors wishing to solicit must have a payroll deduction code with OSUP. The service or product being offered must be the specific service or product that received approval for solicitation by OSUP.
- C. (Whoever is responsible) will determine the date, time, and location convenient for presentations to employees. The vendor must remain in the designated area as set forth by (Whoever is responsible). The vendor is not allowed to visit in areas where employees work without prior approval.
- D. Each vendor will be allowed up to (each department must determine the limit of visits allowed) _____ solicitation visits per calendar year upon invitation and authorization. The number of solicitation visits and type of event will be determined by (department authorized individual). Examples of solicitation visits are as follows:
- Allow individual vendor representative visits.
 - Organize a Vendor Fair 1-2 times per year where all approved vendors are invited to participate. Vendors are only allowed to solicit pre-approved products.
 - Departments join forces to hold a Vendor Fair open to all departments within the same building or area when appropriate.
 - Hold one fair during OGB Annual Enrollment and one at another time over a two day period to assure all employees have a chance to visit.
- E. (Whoever is responsible) shall communicate to all employees concerning the date, time, and location of the vendor's visit. Communication may be via e-mail, intranet systems, posters on bulletin boards, etc. The communication must inform employees of the following:

Employees may only visit with the vendors during their break period, lunch period, before or after work or during a special time period established and approved by the department. Employees unable to complete their business with the vendor during the allotted times must conclude the business outside of working hours. These offerings are completely voluntary but employees electing to participate must have their premiums paid through payroll deduction. Although the department allows authorized vendors to present their services and products to employees, the Department makes no endorsement of any offering. (See Attachment B for sample departmental announcement.)

- F. (Whoever is responsible) may post promotional materials provided by the vendor along with the department's announcement. The vendor may also provide materials to employees who elect to meet with the vendor during the department's approved solicitation visit. Vendor promotional materials must not be distributed by any other means within the department without prior department approval.
- G. Upon request from a vendor for on-site solicitation, (whoever is responsible) will provide the Vendor's Louisiana Sales Coordinator a copy of this policy and obtain a signed acknowledgment from the vendor representative before allowing access to the site. (See Attachment A for sample form.) A facsimile copy is acceptable.
- H. According to OSUP policy, payroll deduction authorization forms (SED-4's) must be signed by a vendor representative AND the employee unless otherwise directed by the Office of State Uniform Payroll (OSUP). Any changes or corrections, due to SED-4 being completed incorrectly by the vendor representative, to an employee's supplemental policy or premiums must be handled between the vendor and the employee by all reasonable means (letter, phone, agency or home visit). The Department will not be responsible for any errors or omissions on the part of the vendor and the vendor's representative, but will assist, if necessary, in obtaining a signed SED-4 if the vendor has exhausted all other means. OSUP will also assist in this process if necessary.
 - 1. No entries, changes or corrections will be entered into the Department's payroll system without an SED-4 signed by the representative and the employee unless otherwise directed by OSUP.
 - 2. No cancellations requested by the vendor will be entered into the Department's payroll system without an SED-4 signed by the representative and the employee unless otherwise directed by OSUP.
 - 3. No cancellations of all products with a vendor requested by the employee will be entered into the Department's payroll system without a written dated statement from the employee in which the agency must 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, they must be directed to the vendor to cancel per an updated signed SED-4. **NOTE: Refer to additional documentation for processing the cancellation of a deduction in the Flexible Benefits Plan (FBP).**
 - 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 the Department.

VIII. FORMS REQUIRED FOR IMPLEMENTATION OF POLICY

- A. Vendor Acknowledgment of Receipt of Benefits Solicitation Policy (Attachment A).
- B. Notification to Employees of Supplemental Benefits Solicitation (Attachment B).

IX. EXCEPTIONS

This policy does not apply to any of the products that are coordinated through the Office of Group Benefits.

Any other exceptions to this policy must be approved by the _____ of the Department of _____.

SAMPLE ATTACHMENT A

Vendor Acknowledgment of Receipt of Benefits Solicitation Policy

This agreement and a copy of the agency policy must be sent to the Vendor's Louisiana Sales Coordinator. All signatures must be obtained before a solicitation date is confirmed and employees are notified. A facsimile copy is acceptable.

(Date)

SUBJECT: SUPPLEMENTAL BENEFITS SOLICITATION

AGREEMENT BETWEEN:

(Department/Office/Division/Section) (Supplemental Benefits Vendor Name)
(Building Name, Room No.) AND (Name of Representative)
(Street Address/City)

SOLICITATION DATE(S): (Dates and Times)

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

According to OSUP Policy, payroll deduction authorization forms (SED-4) must be returned to _____ and will be processed in the pay period following receipt or the first pay period of the new plan year. Any changes or corrections, due to SED-4 being completed incorrectly by the vendor representative, to an employee's supplemental policy or premiums must be handled between the vendor and the employee by all reasonable means (letter, phone, agency or home visit). The Department of _____ will 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 will be entered into the Department's payroll system without an SED-4 signed by the representative and the employee unless otherwise directed by OSUP.
 2. No cancellations requested by the vendor will be entered into the Department's payroll system without an SED-4 signed by the representative and the employee unless otherwise directed by OSUP.
 3. No cancellations of all products with a vendor requested by the employee will be entered into the Department's payroll system without a written dated statement from the employee in which the agency must 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, they must be directed to the vendor to cancel per an updated signed SED-4.
- NOTE: Refer to additional documentation for processing the cancellation of a deduction in the Flexible Benefits Plan (FBP).**
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 the Department.

Vendor Acknowledgment of Receipt of Benefits Solicitation Policy (continued)

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

Signature _____ Date _____
Vendor's Louisiana Sales Coordinator

I, _____ (Vendor Representative), certify that I have received and
PRINT NAME
read the policy listed above and will follow the established procedures and dates set forth by the
Department of _____. I understand that any violations by me may
constitute cause for my solicitation privileges to be rescinded.

Signature _____ Date _____
Vendor Representative

SAMPLE ATTACHMENT B

Notification of Supplemental Benefits Solicitation

(Date)

MEMORANDUM

TO: Employees

FROM: (Department Authorized Person)

SUBJECT: (Name of Supplemental Benefits Vendor)
(Name of Representative Approved by Vendor's Louisiana Sales Coordinator)

The above referenced supplemental benefits vendor will have a representative (name of representative), (where), on (dates and times).

Employees who are interested in obtaining information on (type of benefits) may do so during break periods, lunch periods, before or after scheduled working hours or during a special time period established and approved by the department. Employees who are unable to attend or, due to time constraints, unable to complete an enrollment transaction during the approved times must make arrangements with the benefits representative to conclude the business outside of working hours and location or during a special time period established and approved by the department.

Offerings by this supplemental benefits vendor are completely voluntary; however, employees electing to participate must have their premiums paid through payroll deductions.

Although (the department) has a policy to allow authorized vendors to present their approved services or products to employees, the Department does not endorse any offerings.

Employees have full responsibility for knowledge of the products or services they are purchasing and must obtain a clear understanding of all the terms of their contracts from the vendor's representative. The Department's only responsibility is to assure that the payroll deductions are made in accordance with the signed payroll deduction authorization form (SED-4).

Your adherence to the above guidelines regarding supplemental benefits solicitation is required.