

ACKNOWLEDGEMENT OF RECEIPT OF INSURANCE SOLICITATION POLICY

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

AGREEMENT BETWEEN	
Office/Bureau/Division/Section Name	
Building Name	
Street Address	
City	
AND	
Vendor Name	
ON-PREMISES SOLICITATION DATE(S)	
Date(s)	
Time(s)	
ACKNOWLEDGEMENT	
<p>This will acknowledge my receipt and understanding of the Miscellaneous Insurance Solicitation Policy of the Department of the Department of Social Services and other information set forth in this document.</p> <p>Payroll deduction authorization forms (SED-4) must be returned to applicable "headquarters" Human Resources Division/Section in Baton Rouge, LA, 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 insurance 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 Social Services 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.</p> <ol style="list-style-type: none">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.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 CERTIFICATION	
<i>I certify that I have distributed this policy to the below-named Vendor Representative.</i>	
Vendor Sales Coordinator Name	(Printed)
	(Signature)
Date	
<i>I certify that I have received and read the policy listed above and will follow the established procedures and dates set forth by the Department of Social Services. I understand that any violations by me may constitute cause for my solicitation privileges to be rescinded.</i>	
Vendor Representative Name	(Printed)
	(Signature)
Date	