Supplemental Benefits Solicitation Policy
Policy Number: GEN-0017

Issue Date: April 6, 2010
Effective Date: April 6, 2010
Revised Date:

Approval: [Signature]
Mark A. Cooper, Director

I. POLICY

It is the policy of the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) to allow supplemental benefits solicitation only by companies (vendors) who have been approved for payroll deduction by the Office of State Uniform Payroll (OSUP), have a current payroll deduction code, and who comply with the requirements in Section VI (Vendor Procedures) below.

II. PURPOSE

The purpose of this policy is to assure consistency and uniformity throughout the GOHSEP regarding supplemental benefits solicitation. Deputy Directors 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 Supplemental vendor solicitation privileges may be rescinded for those who do not comply with the guidelines of this policy.
III. 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."

IV. APPLICABILITY

This policy shall apply to all offices of the GOHSEP.

V. DEFINITIONS

**Supplemental Benefits**: Benefits such as supplemental health, life, disability, dental, and legal services offered to employees through payroll deduction that have been approved for offering to state employees and assigned payroll deduction codes by OSUP. Supplemental Benefits do not include any products sponsored by the Office of Group Benefits (OGB). (These products shall be coordinated by OGB).

**Supplemental Benefits Solicitation**: Meeting between vendors and GOHSEP employees whereby vendors are afforded the opportunity to market that vendor's authorized product(s).

**Vendor**: Any company, corporation, or organization who has met the requirements set forth in Louisiana Administrative Code Title 4, Part III, Chapter 1, Section 123, and who participates in payroll deduction.

**Point of Contact**: The Human Resource Office is the point of contact for vendors and notification to GOHSEP employees.

VI. PROCEDURES

A. 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. The vendor must remain in the designated area as set forth by the Human Resource Office and is not allowed to visit in areas where employees work without prior approval.

B. The Human Resource Office will coordinate supplemental vendors' requests for permission to solicit approved products and determine the date, time, and location convenient for presentations to employees.
C. Upon request from a vendor for on-site solicitation, the Human Resource Office will provide the vendor's Louisiana sales coordinator a copy of this policy and obtain a signed acknowledgement from the vendor representative before allowing access to the site.

D. Vendor's Louisiana Sales Coordinator will determine which representatives will visit a proposed site.

E. The Human Resource Office will provide notification to all employees concerning the date, time, and location of the vendor's visit. Notification may be via e-mail, intranet systems, posters or bulletin boards, etc. The notification must inform employees of the following:

1. Employees may only visit with the vendors during their break period, lunch period, before or after work or during a scheduled time period established and approved by the GOHSEP.

2. Employees unable to complete their business with the vendor during the allotted times must conclude the business outside of working hours.

3. These offerings are completely voluntary, but employees electing to participate must have their premiums paid through payroll deduction.

F. Although the GOHSEP allows authorized vendors to present their services and products to employees, **THE GOHSEP MAKES NO ENDORSEMENT OF ANY OFFERING.**

G. The Human Resource Office may post promotional materials provided by the vendor along with the agency's announcement. The vendor may also provide materials to employees who elect to meet with the vendor during the agency's approved solicitation visit. Vendor promotional materials must not be distributed by any other means within the Agency without prior GOHSEP approval by the Human Resource Office.

H. According to the GOHSEP policy, payroll deduction authorization forms (SED-4's) must be signed by a vendor representative AND the employee unless otherwise directed by the OSUP. Any changes or corrections, due to an SED-4 form 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 GOHSEP shall not be responsible for any errors or omissions on the part of the vendor and the vendor's representative, but shall assist, if necessary, in obtaining a signed SED-4 if the vendor has exhausted all other means. OSUP shall also assist in this process if necessary.
1. Cancellations:
   
a) Employees shall submit requests for cancellations in writing to the Human Resource Office. The written request shall specify the specific product cancellation and shall indicate an effective date.

b) No cancellations requested by the vendor will be entered into the GOHSEP payroll system without an SED-4 signed by the representative and employee unless otherwise directed by OSUP.

c) No cancellations of all products with a vendor requested by the employee will be entered into the GOHSEP payroll system without a written dated statement from the employee in whom 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.

d) Refer to additional documentation for processing the cancellation of a deduction in the Flexible Benefits Plan (FBP).

e) If a product is under the cafeteria plan, cancellation during plan year will terminate coverage but not deductions.

2. Changes and Corrections:
   
a) All other changes or corrections, other than cancellations, must be initiated through the vendor company's representative. (http://www.state.la.us/osup/state_employees.htm).

b) No changes or corrections shall be entered in the GOHSEP payroll system without an SED-4 signed by the vendor company representative and the employee.

c) 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 GOHSEP.

VII. FORMS REQUIRED FOR IMPLEMENTATION OF POLICY:

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

VIII. EXCEPTIONS:

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

Requests for exceptions to this policy must be submitted to the appointing authority along with specific and compelling justification.

IX. QUESTIONS:

Questions regarding this policy should be directed to the Human Resource office.
Vendor Acknowledgment of Receipt of Supplemental Benefits Solicitation Policy

AGREEMENT BETWEEN:

Governor's Office of Homeland Security
and Emergency Preparedness
7667 Independence Blvd
Baton Rouge, LA 70806

AND

(Supplemental Benefits Vendor Name)
(Name of Representative)
(Address)
(City, State ZIP)

SOLICITATION DATE(S): ________________________________

This will acknowledge my receipt and understanding of the Supplemental Benefits Solicitation Policy, GEN-0017 of the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) and other information set forth in this document.

I ________________________________ (Vendor's Louisiana Sales Coordinator),
certify that I have distributed this policy to the below Vendor Representative.

_________________________________________ Date

Vendor's Louisiana Sales Coordinator, Signature

I, ________________________________ (Vendor Representative), certify that I have received and read the policy listed above and will follow the established procedures and dates set forth by the Governor's Office of Homeland Security and Emergency Preparedness. I understand that any violations by me may constitute cause for my solicitation privileges to be rescinded.

_________________________________________ Date

Vendor Representative, Signature