

RETIREE SUPPLEMENTAL BENEFITS

2027

ULM

Nicholls State University

McNEESE STATE UNIVERSITY

University of Louisiana System
FOR YOUR FUTURE. FOR OUR FUTURE.

Grambling State University

Louisiana Tech University

Southeastern Louisiana University



2027 BENEFIT HIGHLIGHTS

We are committed to maintaining affordable benefits for our Retirees. We offer several ways for you to supplement your benefits and offset out-of-pocket cost; therefore, we are continuing to provide access to additional coverage options to help lower your out-of-pocket expenses. All supplemental coverage premiums will remain the same.

2027 Carriers:

- Accident, Critical Illness, Hospital Indemnity insured through The Standard
- Dental insured through Humana
- Vision insured through Humana
- Prepaid Legal through LegalShield
- Billing services through WEX Health Inc.
- Life can be ported with Standard

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ELIGIBILITY & ENROLLMENT

We offer a variety of benefits to support your and your family's needs. Choose options that cover what's important to your unique lifestyle.

How to Enroll

The enrollment process is pretty simple. Upon retirement, reach out to your local Human Resources or Benefits team and inform them you would like to continue your Active Employee supplemental benefits as a Retiree and complete and return the enrollment form located on page 16.
You can only continue coverage for benefits you had as an Active Employee. New coverage cannot be elected upon retirement.

WEX will send you an enrollment and payment packet to complete and return. The enrollment packet must be returned to WEX in order to continue your Retiree benefits. Initial and ongoing payment options are included in the enrollment packet.

LegalShield will send all pertinent payment information to continue coverage on a direct bill basis.

Paying for Coverage

Premium payments for Dental and Vision should be made payable to and mailed to WEX. Do not send cash payments; checks and money orders are accepted.

You will have the opportunity to continue Life/AD&D coverage by porting your group coverage. Limitations may apply. Additional details located in the Portability and Conversion section of this guide.

Pre-Paid Legal payments will be paid directly to LegalShield.



Eligible Dependents

Dependents eligible for coverage include:

- Your legal spouse
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children and children for whom legal guardianship has been awarded to you or your spouse)
- Dependent children 26 or more years old, unmarried and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required)

ACCIDENT COVERAGE

University of Louisiana Systems offers several ways for you to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and is offered at discounted group rates.

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident coverage, available through The Standard, provides benefits for you and your covered family members if you have expenses related to an accident. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help you pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits under this plan are payable to you, to use as you wish.

Base Wellness Benefit: $50
Plus Wellness Benefit: $200

Wellness benefit is payable once per person, per calendar year. Services include lipid panel, colonoscopy, mammography, etc. Please refer to the plan documents for the full list of health maintenance screening available for this benefit.

	BASE PLAN	PLUS PLAN
MONTHLY CONTRIBUTIONS		
RETIREE ONLY	$5.21	$10.08
RETIREE + SPOUSE	$8.39	$16.70
RETIREE + CHILD(REN)	$9.93	$18.72
RETIREE + FAMILY	$15.61	$29.63

	BASE PLAN	PLUS PLAN
BRIEF SUMMARY OF BENEFITS*		
HOSPITAL ADMISSION	$1,000	$1,500
DISLOCATIONS	Up to $3,000	Up to $5,000
FRACTURES	Up to $5,500	Up to $8,000
AMBULANCE	Air/ $1,200; Ground/ $300	Air/ $1,500; Ground/ $400
URGENT CARE	$50	$50
EMERGENCY ROOM	$100	$200
INITIAL PHYSICIANS OFFICE	$100	$200
X-RAY	$50	$75
ACCIDENT FOLLOW-UP	$75 (3x)	$100 (3x)
BURNS	Up to $7,500	Up to $10,000
DIAGNOSTIC EXAM	$100	$200
ABDOMINAL/THORACIC SURGERY	$150	$200
TENDON/LIGAMENT/CUFF	$150	$200
RUPTURED DISC	$400	$750
BLOOD/PLASMA/PLATELETS	$150	$300
MEDICAL APPLIANCE	$50	$100

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

CRITICAL ILLNESS COVERAGE

Critical Illness coverage through The Standard pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like; for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses.

Plan Highlights

- Benefits are payable based on the date of the covered event occurring or the date of diagnosis. Illnesses or occurrences prior to the effective date of coverage will not be payable events.
- **Wellness Benefit:** The $50 wellness benefit is payable once per person, per calender year. Wellness services include Bone Marrow Testing, Colonoscopy, Mammography, etc.

Coverage Amounts

- **Retiree:** $10,000 / $20,0000 / $30,0000
- **Spouse:** 100% of retiree benefit
- **Children:** 50% of retiree benefit (for free)



CORE PLAN BENEFITS	
HEART ATTACK	100%
SEVERE CORONARY ARTERY DISEASE WITH RECOMMENDATION OF BYPASS	25%
STROKE	100%
MAJOR ORGAN FAILURE	100%
END STAGE RENAL (KIDNEY) FAILURE	100%
CANCER	100%
NON-INVASIVE CANCER/CANCER IN SITU	25%
ADVANCED ALZHEIMER'S DISEASE	100%
ADVANCED PARKINSON'S DISEASE	100%
ADVANCED MULTIPLE SCLEROSIS (MS)	100%
BENIGN BRAIN TUMOR	100%
LOSS OF SPEECH & HEARING	100%
OCCUPATIONAL HIV	100%
CHILDHOOD DISEASES	
CEREBRAL PALSY	100%
CLEFT LIP, CLEFT PALATE	100%
CYSTIC FIBROSIS	100%
DOWN SYNDROME	100%
MUSCULAR DYSTROPHY	100%
SPINA BIFIDA	100%

CRITICAL ILLNESS COVERAGE

CRITICAL ILLNESS MONTHLY CONTRIBUTIONS		
$10,000 BENEFIT		
ATTAINED AGE*	**RETIREE**	**SPOUSE**
18-24	$2.10	$2.10
25-29	$2.50	$2.50
30-34	$3.10	$3.10
35-39	$4.20	$4.20
40-44	$6.10	$6.10
45-49	$8.90	$8.90
50-54	$13.10	$13.10
55-59	$18.40	$18.40
60-64	$26.40	$26.40
65-69	$33.30	$33.30
70+	$66.06	$66.06
$20,000 BENEFIT		
ATTAINED AGE*	**RETIREE**	**SPOUSE**
18-24	$4.20	$4.20
25-29	$5.00	$5.00
30-34	$6.20	$6.20
35-39	$8.40	$8.40
40-44	$12.20	$12.20
45-49	$17.80	$17.80
50-54	$26.20	$26.20
55-59	$36.80	$36.80
60-64	$52.80	$52.80
65-69	$66.60	$66.60
70+	$132.12	$132.12
$30,000 BENEFIT		
ATTAINED AGE*	**RETIREE**	**SPOUSE**
18-24	$6.30	$6.30
25-29	$7.50	$7.50
30-34	$9.30	$9.30
35-39	$12.60	$12.60
40-44	$18.30	$18.30
45-49	$26.70	$26.70
50-54	$39.30	$39.30
55-59	$55.20	$55.20
60-64	$79.20	$79.20
65-69	$99.90	$99.90
70+	$198.18	$198.18

*Premiums are based on the Retiree's age on the effective date of coverage. Even if the Spouse is in a different age band, the rates are driven off of the retiree's age. Children are covered at no additional cost, when you elect Retiree coverage.



HOSPITAL INDEMNITY COVERAGE

Hospital Indemnity Coverage through The Standard pays cash benefits directly to you if you have a covered stay in a hospital or intensive care unit. You can use the benefits from this policy to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging, or everyday expenses such as groceries and utilities.

- Benefits are payable for pregnancy on the first day of coverage, so even if you or your spouse are already expecting, you can elect coverage to start on January 1. (Delivery must occur on or after January 1).
- Coverage is guaranteed issue; no medical questions.
- You must be admitted to the hospital on an inpatient basis, in order to be considered for an admission benefit.

MONTHLY CONTRIBUTIONS	BASE PLAN	PLUS PLAN
RETIREE ONLY	$7.17	$13.67
RETIREE + SPOUSE	$12.33	$23.29
RETIREE + CHILD(REN)	$10.35	$19.61
RETIREE + FAMILY	$18.26	$34.71

BRIEF SUMMARY OF BENEFITS*	BASE PLAN	PLUS PLAN
HOSPITAL ADMISSION	$500 1x per calendar year	$1,000 1x per calendar year
HOSPITAL CONFINEMENT BENEFIT	$100/ day (30days)	$200/ day (30days)
CRITICAL CARE UNIT Pays in addition to hospital confinement	$100/ day (30days)	$200/ day (30days)
HEALTH MAINTENANCE SCREENING	$50	$50

*This list is a summary. Refer to plan documents for details.



DENTAL BENEFITS



Brushing your teeth and flossing are great, but don't forget to visit the dentist too! We offer affordable plan options for routine care and beyond. Coverage is available from Humana.

Network Dentists

If you use a dentist who doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Humana at https://findcare.humana.com/.

Dental Plan Summary

This chart summarizes the 2027 dental coverage provided by Humana.

	MAC PLAN		LOW PLAN		HIGH PLAN	
MONTHLY CONTRIBUTIONS						
RETIREE ONLY	$31.40		$41.44		$50.84	
RETIREE + SPOUSE	$64.78		$80.50		$100.52	
RETIREE + CHILD(REN)	$75.94		$100.98		$121.68	
RETIREE + FAMILY	$96.20		$122.86		$184.46	
	IN-NETWORK	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
ANNUAL DEDUCTIBLE						
INDIVIDUAL	$50		$50		$50	
FAMILY	$150		$150		$150	
ANNUAL MAXIMUM						
PER PERSON	$1,000		$1,500		$2,000	
COVERED SERVICES (PLAN PAYS)						
DIAGNOSTIC AND PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic Film or Full Mouth X-Ray	100%		100%		100%	
BASIC SERVICES Fillings, Oral Surgery and Simple Extractions (varies by plan)	80%		80%		80%	
MAJOR SERVICES Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy (varies by plan), Periodontics (varies by plan), Crowns, Dentures, Bridges	50%		50%		50%	
ORTHODONTIA COINSURANCE	Not covered		50%		50%	
LIFETIME MAXIMUM	Not covered		$1,500		$2,000	
DEPENDENT CHILDREN	Not covered		Covered; up to age 26		Covered; up to age 26	
ADULTS	Not covered		Covered		Covered	

This is not a complete listing of covered services. Please refer to the Summary Plan Document for a full list of covered services.

VISION BENEFITS

Don't wear glasses? Even you shouldn't skip an annual eye exam! We provide you and your family access to quality vision care with a comprehensive vision benefit through Humana.

Vision Plan Summary

This chart summarizes the 2027 vision coverage provided by Humana.

	LOW PLAN		HIGH PLAN	
MONTHLY CONTRIBUTIONS				
RETIREE ONLY	$5.48		$8.94	
RETIREE + SPOUSE	$10.96		$15.74	
RETIREE + CHILD(REN)	$12.06		$16.62	
RETIREE + FAMILY	$18.46		$23.14	
	IN-NETWORK	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
EXAMS				
COPAY	$10	Up to $35	$0	Up to $35
FREQUENCY	Once per 12 months		Once per 12 months	
LENSES				
SINGLE VISION	$20	Up to $25	$10	Up to $25
BIFOCAL	$20	Up to $40	$10	Up to $40
TRIFOCAL	$20	Up to $60	$10	Up to $60
PROGRESSIVE	Up to $100	Up to $50	Up to $100	Up to $50
FREQUENCY	Once per 12 months		Once per 12 months	
CONTACTS				
COPAY	$20	N/A	$10	N/A
CONTACT LENS FITTING (STANDARD)	$20 copay	Applied to allowance for contact lenses	$10 copay	Applied to allowance for contact lenses
CONTACT LENSES – ELECTIVE	$130 allowance	Up to $105	$180 allowance	Up to $105
CONTACT LENSES – MEDICALLY NECESSARY	Covered in full after copay	Up to $200	Covered in full after copay	Up to $200
CONTACT LENSES ARE COVERED "IN LIEU OF FRAMES AND LENSES"	Yes	Yes	Yes	Yes
FREQUENCY	Once per 12 months		Once per 12 months	
FRAMES				
ALLOWANCE (Discount on amount over allowance)	$130 retail allowance	Up to $50	$180 retail allowance	Up to $50
FREQUENCY	Once per 24 months		Once per 12 months	

This is not a complete listing of covered services. Please refer to the Summary Plan Document for a full list of covered services.

Thoughts & Tips: **More than 150 million Americans use corrective eye wear to compensate for refractive errors.**

PREPAID LEGAL PLANS

LegalShield offers you and your family value, convenience and peace of mind by giving you low-cost access to attorneys for a wide variety of personal legal services. Payments are made conveniently and easily through payroll deductions. It's like having your own attorney on retainer, but for a lot less.

Through the LegalShield Legal Plan, you will have a nationwide network of thousands of attorneys to choose from if you need legal advice. And with the LegalShield mobile app, you have on-the-go, 24/7 access to the help you need. Text LEGAL to 38470 to download the app.

Plan Attorneys can help you with:

- Advice and consultations
- Consumer protection
- Defense of civil lawsuit
- Document preparation
- Elder care issues, demand letters and affidavits
- Wills and estate planning
- Family law
- Financial Matters
- Juvenile Court matters
- Real Estate matters
- Traffic matters

If you use a plan attorney, covered legal services are provided with no additional attorney fees.

MONTHLY PREMIUM	
RETIREE + FAMILY	$18.25



GLOSSARY

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $60, you may be billed by the provider for the remaining $40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount, as determined by your insurance plan, you pay for healthcare services received.

Deductible – The amount you owe for healthcare services before your health insurance begins to pay its portion. For example, if your deductible is $1,000, your plan does not pay anything until you've paid $1,000 for covered services. This deductible may not apply to all services, including preventive care.

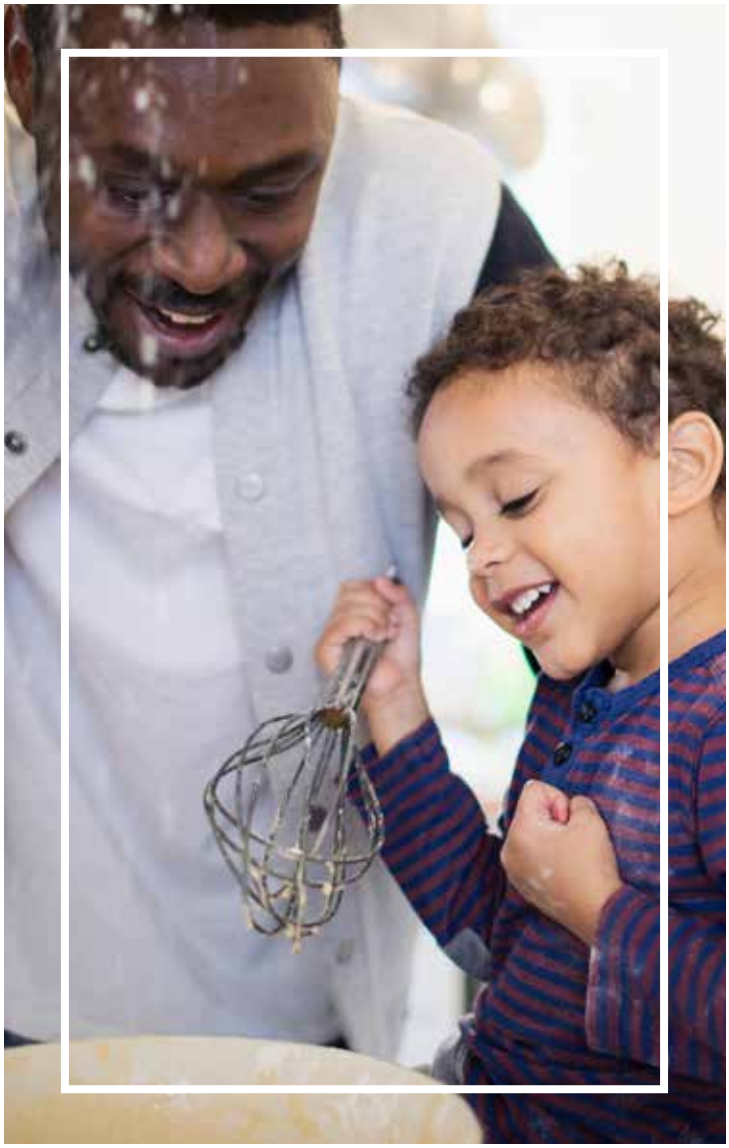
Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Network – A group of physicians, hospitals and other healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- **In-Network –** Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network –** Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- **Non-Participating –** Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The period set by the employer during which retirees and dependents may enroll for coverage, make changes or decline coverage.

Out-of-Pocket Maximum – The most you pay during a policy period (usually a 12-month period) before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.



IMPORTANT CONTACTS

SUPPLEMENTAL HEALTH (ACCIDENT, CRITICAL ILLNESS, HOSPITAL INDEMNITY)

The Standard
800-628-8600
www.standard.com

DENTAL

Humana
800-233-4013
www.humana.com

VISION

Humana
800-233-4013
www.humana.com

LIFE AND AD&D

(must be ported to The Standard during retirement process)
The Standard
800-628-8600
www.standard.com

Continued Benefits Dept.
800-378-4668 Tel
800-331-3397 Fax
cbt@standard.com

PREPAID LEGAL

LegalShield
800-654-7757

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Standard (WorkLife Services)
888-293-6948
workhealthlife.com/Standard3

WEX

Premium payments can be sent to:
WEX Health, Inc.
PO Box 2079
Omaha, NE 68103-2079
866-451-3399
WEX's Participant Services team is available from 6am – 9pm CT, Monday – Friday
customerservice@wexhealth.com
www.wexinc.com



PORTABILITY AND CONVERSION GUIDELINES

Life and AD&D Portability of Insurance Guidelines

If your insurance under the Group Policy ends because your employment with your Employer terminates, you may be eligible to buy portable group insurance coverage as shown in the Coverage Features for yourself and your Dependents without submitting Evidence of Insurability. To be eligible, you must satisfy the following requirements:

1. On the date your employment terminates, you must be able to perform with reasonable continuity the material duties of at least one gainful occupation for which you are reasonably fitted by education, training and experience.
2. On the date your employment terminates, you are under age 75.
3. On the date your employment terminates, you must have been continuously insured under the Group Policy for at least 12 consecutive months. In computing the 12 consecutive month period, we will include time insured under the Prior Plan.
4. You must apply in writing and pay the first premium directly to us at our Home Office within 60 days after the date your employment terminates. You must purchase portable group life insurance coverage for yourself in order to purchase any other insurance eligible for portability.
    a. This portable group insurance will be provided under a master Group Life Portability Insurance Policy issued to the Standard Insurance Company Group Insurance Trust. If approved, the certificate you will receive will be governed under the terms of the Group Life Portability Insurance Policy and will contain provisions that differ from your Employer's coverage under the Group Policy.

Amount of Portable Insurance

5. The minimum and maximum amounts that you are eligible to buy under the Group Life Portability Insurance Policy are shown in the Coverage Features. You may buy less than the maximum amounts in increments of $1,000.
6. The combined amounts of insurance purchased under this Portability Of Insurance provision and the Right To Convert provision cannot exceed the amount in effect under the Group Policy on the day before your employment terminates.

When Portable Insurance Becomes Effective

7. Portable group insurance will become effective the day after your employment with your Employer terminates, if you apply within 60 days after the date your employment terminates.
8. If death occurs within 60 days after the date insurance ends under the Group Policy, life insurance benefits, if any, will be paid according to the terms of the Group Policy in effect on the date your employment terminates and not the terms of the Group Life Portability Insurance Policy. AD&D benefits, if any, will be paid according to the terms of the Group Policy or the Group Life Portability Insurance Policy, but not both. In no event will the benefits paid exceed the amount in effect under the Group Policy on the day before your employment terminates.

Accident, Hospital Indemnity, and Critical Illness Limitations

9. Retirees are allowed to port coverages at retirement as long as they are not disabled or over the age:
    a. 70 years old for Accident
    b. 80 years old for Hospital Indemnity/Critical Illness

GET MOBILE

Scan these codes to go directly to the supplemental carrier's website for more information about your plan benefits.

Humana.

Standard FloCode

Standard File a Claim

LegalShield™



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BENEFIT ENROLLMENT FORM

Retiree Information		
Retiree Name:		
Retiree ID:	Social Security #:	Department:
Address:		
City, State, Zip:		
Date of Birth:	Date of Hire:	Gender (circle one): M / F
Home Phone:	Mobile Phone:	
Email Address:		
Coverage Effective Date:	Billing Start Date:	

Dependent Information – PLEASE PRINT

	NAME	DATE OF BIRTH	SOCIAL SECURITY #	GENDER
SPOUSE				M / F
CHILD				M / F
CHILD				M / F
CHILD				M / F
CHILD				M / F

Benefit Enrollment All premiums shown below are MONTHLY

Humana Dental (MAC Plan) (select one)					Elected Premium
☐ Retiree Only	☐ Retiree + Spouse	☐ Retiree + Child(ren)	☐ Family	☐ Waive	
$31.40	$64.78	$75.94	$96.20	$0	$ _____

Humana Dental (Base Plan) (select one)					Elected Premium
☐ Retiree Only	☐ Retiree + Spouse	☐ Retiree + Child(ren)	☐ Family	☐ Waive	
$41.44	$80.50	$100.98	$122.86	$0	$ _____

Humana Dental (Buy-Up Plan) (select one)					Elected Premium
☐ Retiree Only	☐ Retiree + Spouse	☐ Retiree + Child(ren)	☐ Family	☐ Waive	
$50.84	$100.52	$121.68	$184.46	$0	$ _____

Humana Vision (Low) (select one)					Elected Premium
☐ Retiree Only	☐ Retiree + Spouse	☐ Retiree + Child(ren)	☐ Family	☐ Waive	
$5.48	$10.96	$12.06	$18.46	$0	$ _____

Humana Vision (High) (select one)					Elected Premium
☐ Retiree Only	☐ Retiree + Spouse	☐ Retiree + Child(ren)	☐ Family	☐ Waive	
$8.94	$15.74	$16.62	$23.14	$0	$ _____

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BENEFIT ENROLLMENT FORM

Accident Insurance (Base Plan) (select one)					Elected Premium
☐ Retiree Only $5.21	☐ Retiree + Spouse $8.39	☐ Retiree + Child(ren) $9.93	☐ Family $15.61	☐ Waive $0	$ _____

Accident Insurance (Plus Plan) (select one)					Elected Premium
☐ Retiree Only $10.08	☐ Retiree + Spouse $16.70	☐ Retiree + Child(ren) $18.72	☐ Family $29.63	☐ Waive $0	$ _____

Hospital Indemnity (Base Plan) (select one)					Elected Premium
☐ Retiree Only $7.17	☐ Retiree + Spouse $12.33	☐ Retiree + Child(ren) $10.35	☐ Family $18.26	☐ Waive $0	$ _____

Hospital Indemnity (Plus Plan) (select one)					Elected Premium
☐ Retiree Only $13.67	☐ Retiree + Spouse $23.29	☐ Retiree + Child(ren) $19.61	☐ Family $34.71	☐ Waive $0	$ _____

Critical Illness (Retiree Coverage Amount) (select one)				Elected Premium
☐ $10,000	☐ $20,000	☐ $30,000	☐ Waive	$ _____

Critical Illness (Spouse Coverage Amount) (select one)				Elected Premium
☐ $10,000	☐ $20,000	☐ $30,000	☐ Waive	$ _____

Critical Illness (Child(ren) Coverage Amount) (select one)				Elected Premium
☐ $10,000	☐ $20,000	☐ $30,000	☐ Waive	$ _____

LegalShield (select one)		Elected Premium
☐ Retiree + Family $18.25	☐ Waive $0	$ _____

The Standard Life and AD&D

To continue your Life and AD&D coverage upon your retirement, you **MUST** contact The Standard's, Continued Benefits department at 1-800-378-4668 **within 60 days** of your last day of employment to request information to continue coverage.

Agreement / Payroll Deduction Authorization

I acknowledge that the above information represents my enrollment choices. I understand that by signing this form I am electing to reduce my compensation in exchange for elected coverage. I further understand my medical and/or dental elections cannot change until a future annual enrollment period or qualified family status change occurs I must notify the Benefits office within 30 days of status change). Proof will be required. I represent to the best of my knowledge and belief,

INTERNAL USE ONLY
(BENEFITS TEAM)
Date Received: _____
Received by: _____

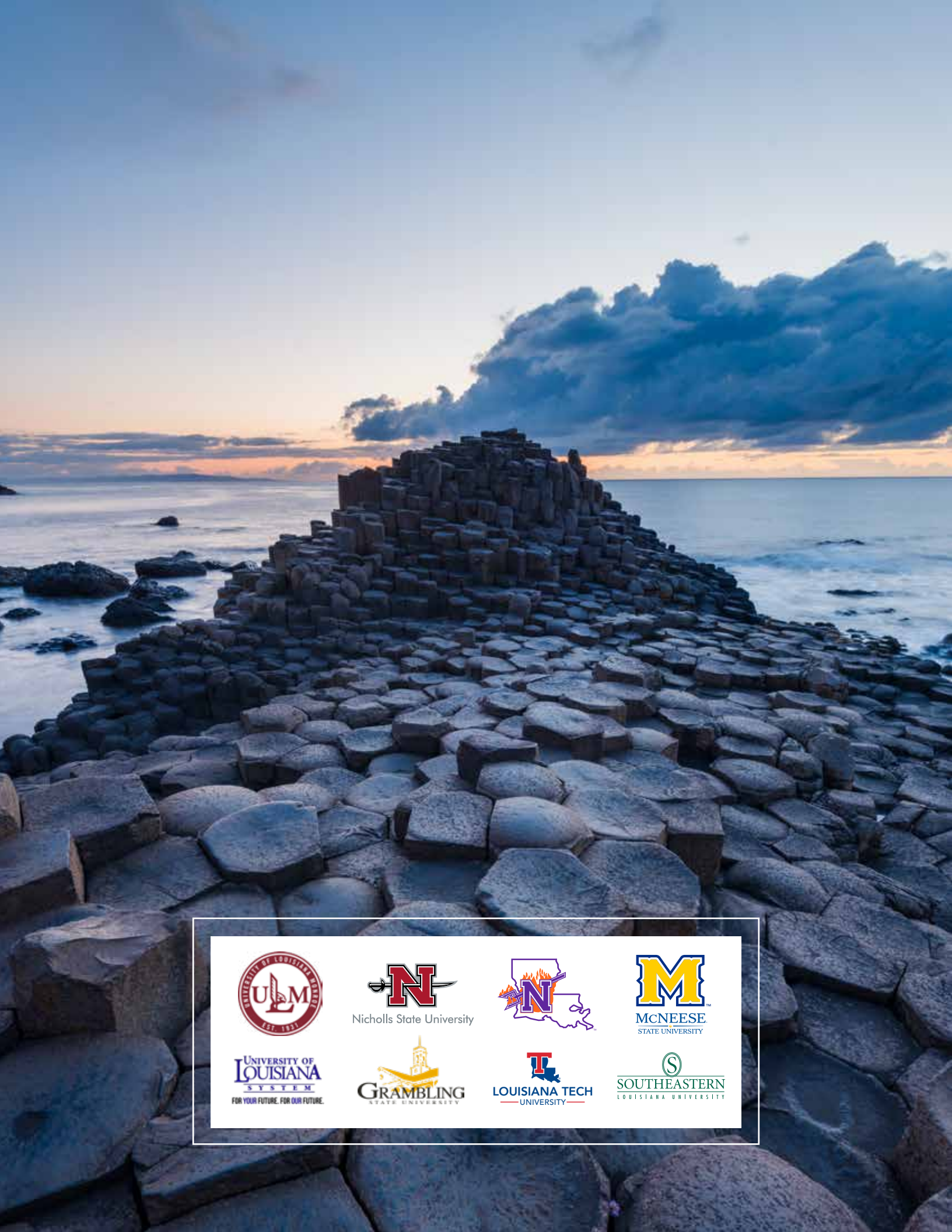
BENEFIT ENROLLMENT FORM

all statements and answers made on this form are true, complete, and correct. A non-response in any area will be considered as waived coverage. I understand the actual benefits and benefit descriptions are governed solely by the relevant plan documents and contracts. University of Louisiana Systems retains the right to amend, change or modify benefits at any time.

Retiree Signature: _____ **Date:** _____

NOTES




ULM
Nicholls State University
McNEESE
STATE UNIVERSITY
UNIVERSITY OF LOUISIANA SYSTEM
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GRAMBLING
STATE UNIVERSITY
LOUISIANA TECH
UNIVERSITY
SOUTHEASTERN
LOUISIANA UNIVERSITY