



**STATE OF LOUISIANA**  
DIVISION OF ADMINISTRATION  
**OFFICE OF GROUP BENEFITS**



## **DESIGNATION OF INVOICING CONTACT**

**Please read the following important information BEFORE completing this form:**

1. The invoicing contact serves as the Office of Group Benefit's (OGB) official point of contact for the participating agency.
2. OGB requires each participating agency to designate an invoicing contact and submit the contact information for this coordinator to OGB, using the Designation of Invoicing Contact form (GB-77). The form is available on the Agency Forms page of the OGB website ([info.groupbenefits.org](http://info.groupbenefits.org)) by clicking on Resources on the menu tool bar.
3. The invoicing contact is responsible for recording the monthly invoices, forwarding premiums to OGB, monitoring the reports each month, and receives letters mailed to the agency, including discrepancy letters and ACH letters.
4. The completes form must be signed by the designated Agency Benefits Coordinator (ABC) and mailed or faxed to:  

Office of group Benefits  
Attention: Invoicing Section Manager  
P.O. Box 66678  
Baton Rouge, LA 70896  
Fax Number: (225) 342-4391
5. Any time the contact changes, the form must be updated and resubmitted to OGB with the new information.

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Participating Employer Name

Invoicing Contact Name

Invoicing Contact Email Address

HR Director Name

HR Director Email Address

Section/Dept. Head Name

Section/Dept. Head Email Address

Participating Employer Number

Job Title

Invoicing Contact Phone Number

Job Title

HR Director Phone Number

Job Title

Section/Dept. Head Phone Number

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Signature of OGB Agency Benefits Coordinator

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name of Agency Benefits Coordinator