



Company Application — Retiree Payroll Deduction Program (Form 14A)

rev. 12/21

HOW TO SUBMIT:	DROP OFF or MAIL IN	Submit ORIGINAL form ONLY. No copies, faxes, or scans accepted.	<input type="checkbox"/> INITIAL request <input type="checkbox"/> RENEWAL request
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809		

General criteria for participation: All companies participating in the retiree payroll deduction program must: (1) be licensed to do business in Louisiana for at least five years, (2) be regulated by the Department of Insurance or the Office of Financial Institutions, or (3) be one of the five professional organizations listed here: *Louisiana Retired Teachers Association; Louisiana Federation of Teachers; Louisiana Association of Educators; Associated Professional Educators of Louisiana; Louisiana Resource Center for Educators*. Additionally, participants must abide by TRSL guidelines as established and furnished to them.

Section 1 — Company information

Name of company		Type of business (MARK ONLY ONE): <input type="checkbox"/> Insurance <input type="checkbox"/> Bank <input type="checkbox"/> Credit union <input type="checkbox"/> Professional organization	
Mailing address / PO box		City, state, zip	
Physical address of office		City, state, zip	
Name of contact person	Title of contact person	Phone number of contact person (<i>include area code</i>)	
Date organized (<i>mm/dd/yyyy</i>)	Date chartered (<i>mm/dd/yyyy</i>)	Date licensed in Louisiana (<i>mm/dd/yyyy</i>)	

Section 2 — Products/services offered (*mark all that apply*)

A. Insurance companies	<input type="checkbox"/> Life	<input type="checkbox"/> Health	<input type="checkbox"/> Other: _____
B. Banks/credit unions	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other: _____
C. Professional organizations	<input type="checkbox"/> Dues	<input type="checkbox"/> Other: _____	

Section 3 — Evidence of compliance (*for insurance companies*)

Attach documentation (copies only) of renewal application approval filed with the Division of Administration.

Section 4 — Certification and signature of company official

Signature of company officer (<i>DO NOT PRINT OR TYPE</i>) ▶	Date and seal (<i>mm/dd/yyyy</i>)
Title	
Signature of company officer (<i>DO NOT PRINT OR TYPE</i>) ▶	Date and seal (<i>mm/dd/yyyy</i>)
Title	

TRSL USE ONLY	ACCEPTANCE BY: TRSL Director-Designee: _____ Title: _____	
	Vendor ID #: _____	Deduction type: _____ Date accepted: _____