

OFFICE OF GROUP BENEFITS  
2026 ANNUAL ENROLLMENT FORM  
Retirees with Medicare  
(Please Print Clearly)

Plan Member's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Personal email address: \_\_\_\_\_

**NO ACTION IS NECESSARY IF YOU DO NOT WISH TO MAKE A CHANGE.**

**IF YOU WISH TO MAKE A CHANGE, PLEASE MARK ONE AND ONLY ONE SELECTION**

**BY PLACING AN (X) IN THE APPROPRIATE BOX**

**OGB Sponsored Medicare Advantage Plans**

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**Blue adVantage Medicare Advantage  
HMO Plan**

Retiree and all covered dependents must have both  
Medicare A and Medicare B

☐

**Humana HMO Medicare Advantage Plan**

Retiree and all covered dependents must have both  
Medicare A and Medicare B

☐

**Peoples Health Medicare Advantage HMO  
Plan**

Retiree and all covered dependents must have both  
Medicare A and Medicare B

**Via Benefits\***

Retiree and all covered dependents must have both Medicare A and Medicare B

(\*Enrollment is conducted through Via Benefits.

Please call 1-855-663-4228 or visit [my.ViaBenefits.com/ogb](https://my.ViaBenefits.com/ogb) to enroll.)

**PLEASE MAIL OR FAX THIS FORM TO OGB BY NOVEMBER 15, 2025.**

**By Mail:** Office of Group Benefits  
Annual Enrollment  
P.O. Box 44036  
Baton Rouge, LA 70804

**By Email:** [OGB.CustomerService@la.gov](mailto:OGB.CustomerService@la.gov)

**By Fax:** Office of Group Benefits  
Annual Enrollment  
(225) 342-9917  
or  
(225) 342-9919

\_\_\_\_\_  
**Plan Member's Signature (required)**

\_\_\_\_\_  
**Date**

CUT ALONG DOTTED LINES