Louisiana House of Representatives

Retiree Change of Information Form

Office of Human Resources

An Equal Opportunity Employer

RETIREE IDENTIFICATION

Retiree Name *

Social Security Number *

Email Address

Current Date *

Effective Date of Request

REASON FOR CHANGE *

- [ ] Name Change
- [ ] Address Update
- [ ] Email Address Update
- [ ] Phone Number Update

CONTACT INFORMATION

Mailing Address *

City

State

Zip Code

- [x] Physical Address is different from Mailing Address

Physical Address

City

State

Zip Code

Home Phone

Cell Phone

IMPORTANT INFORMATION FOR RETIREES:
This form is for updating basic contact information only (name, address, email, and phone number). If you need to make changes that may affect your benefits, please contact the Office of Human Resources directly to discuss additional required forms and documentation.

Other changes that require contacting House HR include:

- Changes to dependent status (marriage, divorce, birth of children)
- Changes to beneficiary designations for LASERS, Prudential Life Insurance, or other plans
- Enrollment in or changes to Medicare coverage
- Changes to health insurance coverage (OGB, LSU First, UnitedHealthcare)
- Other benefit-related questions or updates

Contact Office of Human Resources:
Phone: (225) 342-2455
Email: HouseHumanResources@legis.la.gov
Fax: (225) 342-0373

HOW TO SUBMIT THIS FORM

Please submit this completed form using one of the following methods:

SECURE ONLINE PORTAL:
Visit: https://house.louisiana.gov/H_Staff/HHRP

OR
FAX:
(225) 578-0373

A member of the House Human Resources team may contact you to verify the information and discuss any other required forms to ensure accurate benefits maintenance.

AUTHORIZATION

Retiree Signature *

Date *