## REQUEST FOR APPROVAL OF PAYROLL DEDUCTION STATUS





Organizat	ion name			
U.S. taxpa	yer identification number (TIN) – also known as federal employer ident	fication number	(FEIN)	
Name and	title of official contact person(s)			
Mailing ad	ldress	Phone		
		Fax	Fax	
		Email		
Proposed	effective date	Website		
	e, this information will be used when notifying company of any change in Voluntary F I title of remittance contact person(s)	ayroll Deduction s	tatus.	
Name and	title of remittance contact person(s)			
		1=.		
Remittance address		Phone	Phone	
		Fax		
		Email		
	e, this information will be used for remittance of premiums and when contact is requi ive fee for your company's participation in the Voluntary Payroll Deduction Program.	red regarding spec	ific employee policy premiums and when billing the 1% or 2%	
☐ Credi ☐ Bank ☐ Savin ☐ Empl ☐ Empl ☐ State ☐ Oklar	appropriate organization type: it union with office in Oklahoma with office in Oklahoma ags association with office in Oklahoma oyee association for dues oyee association for contributions to its foundation wide educational employee organization or association noma Long-Term Care Insurance Partnership Program supple	emental insur	ance (complete Page 2)	
	ere and leave this section blank if Product Vendor Access contact Official contact   Remittance contact	is the same as	S:	
® Name of product vendor access contact				
Supplemental Insurar or Retirement Plan Onl	Mailing address			
nent o meni	Phone		Email	
upplementa or Retirement	Alternate phone		Fax	
S R	This information is required to designate the person to represent your company as the sole contact for purposes of access to state employees.			
	certify that I am authorized by the above-named organization to enter and for supplemental insurance plans there is a fee of 2% of insurance anthly.			
Signature		Date		
Print nar	me and title			

Submit to vpd@omes.ok.gov

## SUPPLEMENTAL INSURANCE OR RETIREMENT PLAN(S)

List requested information as registered with the Oklahoma Insurance Department. You may wish to submit supporting documentation reflecting OID approval of the policies/plans listed below. If your intent is to include any policy riders, please include the rider name and rider form number.

\*The policy/plan (form) name and number must be exactly as submitted and approved by OID.

Company issuing policy/plan	Policy/plan (form) name*	Policy/plan (form) number*	OID approval Y/N
(Attach additional sheet if needed.)			
Reviewed and approved by	OID signature	Date	
	OID DIGITATION		