



LOUISIANA DEPARTMENT OF INSURANCE  
TIMOTHY J. TEMPLE  
COMMISSIONER

**BULLETIN 2023-04  
(REVISED AND REISSUED)**

**TO: AUTHORIZED PROPERTY AND CASUALTY INSURANCE COMPANIES**

**FROM: TIMOTHY J. TEMPLE, COMMISSIONER OF INSURANCE**

**RE: MILITARY PERSONNEL – AUTOMOBILE LIABILITY INSURANCE PREMIUM DISCOUNT**

**DATE: FEBRUARY 14, 2025**

Bulletin 2023-04, originally issued in August 2023 and revised on October 25, 2024, has been revised and is being reissued to all authorized property and casualty insurers who write private passenger automobile insurance to address and identify sufficient documentary proof needed to qualify for the military discount and obtain the related premium tax credit pursuant to [La. R.S. 22:1482](#). In accordance with [Act 173 of the 2024 Regular Legislative Session](#), every insurer authorized to conduct business in this state must provide all active-duty military personnel, military reservists, and Louisiana Air and Army National Guard personnel based in this state a discount of 25% of the premium on any automobile liability insurance policy purchased in Louisiana for a motor vehicle owned by such military personnel.

To obtain the premium discount under [La. R.S. 22:1482](#), active-duty military personnel, military reservists, and Louisiana Air and Army National Guard personnel must complete, sign, and submit the enclosed "Louisiana Application Form for Military Discount," along with the required verifying documentation, to their agent or insurance company. The "Louisiana Application Form for Military Discount" is located on the Louisiana Department of Insurance's (LDI) website, at <https://www.lidi.la.gov/military-discount-form>.

With respect to **active-duty personnel and military reservists**, a copy of current military orders with the assignment of a duty station in Louisiana shall serve as sufficient proof of eligibility to receive the military discount. For **members of the Louisiana Air National Guard and Louisiana Army National Guard**, a letter from a commander on official unit letterhead verifying membership shall serve as sufficient proof of eligibility to receive the military discount.


Additionally, insurers are not required to, but may voluntarily, provide a premium discount to veterans with a VA disability rating of 50% or more as well as to retired members of any branch of the United States Armed Forces, National Guard, Louisiana Army National Guard, and Louisiana Air National Guard.

For **veterans with a VA disability rating of 50% or more**, an LDVA Form A25, LDVA Form A17, copy of a VA Card or Common Access Card, or a VA Benefits Verification Letter or Award Letter shall individually serve as sufficient proof of eligibility to receive the military discount, if offered. For **retired members of the United States Armed Forces, National Guard, Louisiana Army National Guard, and Louisiana Air National Guard**, a Form DD 214 or Common Access Card shall individually serve as sufficient proof of eligibility to receive the military discount, if offered.

Insurers who provide the military discount authorized by [La. R.S. 22:1482](#) shall be entitled to a credit to be applied against the premium taxes imposed under [La. R.S. 22:831](#) and [22:838](#). To receive the tax credit, an insurer must maintain and provide to the LDI, if requested, the proof of eligibility documentation relied upon in support of the military discount.

If there are any questions or concerns regarding Bulletin 2023-04 (Revised and Reissued), please contact the Deputy Commissioner for the Office of Property and Casualty at 225-342-5203, or electronically at [public@ldi.la.gov](mailto:public@ldi.la.gov).

Baton Rouge, Louisiana this 14th day of February 2025.



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TIMOTHY J. TEMPLE  
COMMISSIONER OF INSURANCE



# LOUISIANA APPLICATION FORM FOR MILITARY DISCOUNT

READ THIS LOUISIANA APPLICATION FORM FOR MILITARY DISCOUNT ("FORM") CAREFULLY BEFORE SIGNING

- You must complete all sections on this Form and provide the required verifying documentation identified below.
- If you have questions concerning this Form or its contents, contact the Louisiana Department of Insurance, Office of Property and Casualty at (225) 342-5203.
- After completing and signing this Form, submit it and the required verifying documentation to your insurance company or agent.

\_\_\_\_\_  
NAME OF INSURANCE COMPANY

\_\_\_\_\_  
POLICY or APPLICATION NUMBER

\_\_\_\_\_  
FULL NAME OF MILITARY PERSONNEL

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
HOME ADDRESS

1. By signing and submitting this Form, you certify that:

- You are a member of the United States Army, Navy, Air Force, Marine Corps, Coast Guard, Space Force, or National Guard and are based in Louisiana.
  - *Required Verifying Documentation:* Attach a copy of your military orders.
- You are a military reservist for the United States Army, Navy, Air Force, Marine Corps, or Coast Guard and are based in Louisiana.
  - *Required Verifying Documentation:* Attach a copy of your military orders.

-OR-

- You are a member of the Louisiana Army National Guard or Louisiana Air National Guard.
  - *Required Verifying Documentation:* Attach a letter from your commander on official unit letterhead, verifying that you are a member of the Louisiana Army or Air National Guard.

2. By signing and submitting this Form, you certify that the information contained herein is true and correct and that you will promptly notify your insurer if there are any changes to the information provided on this Form or in your verifying documentation. Additionally, you acknowledge that any false, fraudulent, or misleading statement made on this Form or in the verifying documentation may subject you to civil and/or criminal penalties, including those identified in La. R.S. 22:1924, Title 14 of the Louisiana Criminal Code, or pursuant to any other applicable state or federal statutory provision.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date