Form LG02-C
Revised 10/21

LOCAL GOVERNMENT HEALTH INSURANCE PROGRAM
2022 DEPENDENT CANCELLATION FORM

PARTICIPANT INFORMATION (Please print or type.)

Name (First, Middle Initial, Last)	Social Security Number

DROP DEPENDENT COVERAGE (Must select one)

☐ Change from Family to Single Coverage ☐ Cancel dependent(s) listed below from Family Coverage

REASON FOR CANCEL
Must select one reason for cancelling dependent coverage

MONTH/DAY/YEAR

☐ Death _____

☐ Divorce
Attach divorce decree _____

☐ Loss of custody
Attach court documents _____

☐ Medicare/Medicaid entitlement _____

MONTH/DAY/YEAR

☐ Open Enrollment Effective January 1, 2022

☐ Dependent employed by a unit in the LGHIP _____

Name of Unit: _____

☐ Other Qualifying Event* _____

Explain _____

*Must include proof of qualifying event to drop a dependent outside of Open Enrollment

First Name	Initial	Last Name	Relationship to Participant: (Spouse, Son, Daughter, Stepson, Stepdaughter, Grandson, Granddaughter, Niece or Nephew)	Date of Birth	Social Security Number

AFFIRMATION AND RELEASE

I hereby affirm that I have completely read and fully understand the terms and conditions of this form. I attest that all the representations made by me on this form are true and correct. I understand that any misrepresentation may result in the forfeiture of coverage and that I will be personally liable for all claims related to such misrepresentation. I further understand and acknowledge that only eligible dependents may be covered under the Local Government Health Insurance Plan and I will be personally responsible for all claims for ineligible dependents.

_____ _____
Participant Signature Date

TO BE COMPLETED BY EMPLOYER

Requested Effective Date of Change: _____ **Unit Name:** _____ **Unit Number:** _____
**LGHIP may revise this date without notifying the unit if the requested date is incorrect*

Signature of Benefit Administrator: _____ **Date:** _____

LOCAL GOVERNMENT HEALTH INSURANCE BOARD
PO BOX 304900 • MONTGOMERY, ALABAMA 36130-4900
(334) 263-8326 • 1-866-836-9137
Enrollments@lghip.org