

**LOCAL GOVERNMENT HEALTH INSURANCE PROGRAM
2021 DECLINATION OF COVERAGE FORM**

FOR LGHIB USE ONLY
Date: _____
Initials: _____

SUBSCRIBER INFORMATION (Please print or type.)

Name (First, Middle Initial, Last)			Gender	Date of Birth
Social Security Number	Contract Number	Primary Phone Number () ()	Work Phone Number () ()	
Mailing Address		City	State	Zip Code

I, _____, wish to decline coverage in the Local Government Health Insurance Program. I affirm that I currently have other acceptable health insurance coverage* through _____
(name of local government employee) *(name of employer/company)*

My other insurance carrier is:

NAME OF INSURANCE COMPANY:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBER:		

* **You must attach a current letter from employer/insurance carrier verifying coverage with the above-named carrier. A copy of your insurance card IS NOT acceptable as proof of coverage.**

Employee Status: Full-time Employee ACA Eligible (Must submit form LG23) Elected Official

NOTICE:

Under the Health Insurance Portability and Accountability Act, the LGHIP must offer a special enrollment period in addition to open enrollment for those employees who experience a qualifying event such as loss of their other acceptable coverage or the addition of a dependent. However, since the LGHIP already requires that an employee enroll in the plan when they lose other acceptable coverage, special enrollment will only apply to the following qualifying events not related to loss of coverage:

- the addition of a new dependent through birth, adoption or marriage or
- a substantial change in their other acceptable coverage or
- a substantial change in the cost of their other acceptable coverage.

All employees who lose their other acceptable coverage, whether voluntarily or involuntarily must submit an enrollment form to the LGHIB with coverage effective as of the date coverage is lost.

To be eligible for special enrollment an employee must submit a declination of coverage form with proof of other acceptable coverage. Persons requesting special enrollment must notify the LGHIB in writing within 30 days of the qualifying event.

Notification must include:

1. a letter requesting participation in the special enrollment; and
2. a completed Enrollment form; and
3. if proof of the qualifying event is not submitted with the letter requesting special enrollment and the completed enrollment form, the documentation listing the name, reason and date of loss for each individual affected by loss of coverage (e.g. employment termination on company letterhead) must be submitted within 60 days of the qualifying event.

Full-time Date of Hire:	Employee Signature:
Local Government Unit Name:	
Unit Number:	Date:
Signature of Benefit Administrator:	

**LOCAL GOVERNMENT HEALTH INSURANCE BOARD
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