

**LOCAL GOVERNMENT HEALTH INSURANCE PROGRAM
General Information for Initial Enrollment**

Federal ID Number _____

Name of Local Government Unit _____

Mailing Address

PO Box or Street Address
City, State
Zip, County

Physical Address (if different)

Street Address
City, State
Zip, County

Unit Contacts

Health Insurance Administrator:	
Position/Title:	Phone Number:
Email Address:	
Primary Contact (If different than Health Insurance Administrator)	
Position/Title:	Phone Number:
Email Address:	
Wellness Coordinator Name and Location:	
Position/Title:	Phone Number:
Email Address:	
Additional Billing Contact:	
Position/Title:	Phone Number:
Email Address:	

For LGHIB use only. Do not write in this space.			
LGHIB Unit #		Effective Date	
Retirees (Non-Medicare) <input type="checkbox"/> Yes <input type="checkbox"/> No	Retirees (Medicare) <input type="checkbox"/> Yes <input type="checkbox"/> No	Dental <input type="checkbox"/> Yes <input type="checkbox"/> No	
Elected Officials <input type="checkbox"/> Yes <input type="checkbox"/> No	Probationary Period <input type="checkbox"/> Yes <input type="checkbox"/> No	New Hires	
Enroll	Decline	Date	

Instructions for Form Completion

1. Enter your unit's nine-digit Federal Identification Number.
2. Enter the name of the local government unit who is eligible for enrollment in the LGHIP.
3. Enter the unit's mailing address and physical address, if different.
4. Enter the person's name, title, telephone number and email address that will be primarily responsible for managing and making decisions concerning the LGHIP.
5. Enter the person's name, title, telephone number and email address that should receive correspondence regarding enrollment, billing and wellness information.
6. Enter the person's name, title, telephone number and email address that should receiving correspondence regarding wellness information, including scheduling wellness screenings.
7. Enter the name of the additional employee who may be contacts for information when the primary unit contact is unavailable.
8. Enter the name of the person completing the form.

After local government units are enrolled into the LGHIP, the General Information Changes form will be used to revise enrollment information. When a change occurs in either the address, local government health insurance administrator, contact person for billing purposes, the wellness coordinator, email address, or the telephone number, the unit must submit a new General Information Changes form with the appropriate change(s).