

**Local Government Health Insurance Board
Candidate Information Form
Position One**

To declare your candidacy for the Board, please complete this form and email it, along with your candidate statement and picture, to elections@lghip.org.

Name: _____

Preferred Mailing Address: _____

Primary phone: _____ Work Phone: _____

Email Address: _____

Candidates for Position One on the Board must meet the following qualifications pursuant to Section 11-91A-4 of the Code of Alabama:

- be a full-time employee of municipal or county government; and
- be a member of the Local Government Health Insurance Plan (LGHIP); and
- have at least 10 years of creditable coverage in the LGHIP.

Years of Coverage under LGHIP: _____ LGHIP Last 4 of Contract Number: _____

Name of Employer: _____

Work Address: _____

Years at Current Employer: _____ Job Title: _____

Candidate Certification

By signing this form, I hereby certify that I meet all of the requirements for candidacy required by Section 11-91A-4 of the Code of Alabama. I also certify that if elected, I will be an active participant on the Board, which includes attending board meetings, attending sub-committee meetings, and meeting any other obligations that come with membership on the Board.

Candidate Signature

Date

Employer Certification - to be signed by the administrator of your unit

By signing this document, I hereby certify that the candidate meets all of the requirements for candidacy as outlined by Section 11-91A-4 of the Code of Alabama. I also certify that the candidate is an employee in good standing.

Administrator Signature

Print Name

Date

Please submit your completed and signed form to the LGHIB by scanning and emailing it to elections@lghip.org or by mailing it to PO Box 304900, Montgomery, AL 36104. Submit your candidate statement and photo to your unit administrator, who will upload it for you through their secure login at my.lghip.org.