Form LG09
Revised 10/21

LOCAL GOVERNMENT HEALTH INSURANCE PROGRAM
2022 CANCELLATION FORM
SOUTHLAND VOLUNTARY INSURANCE
OPEN ENROLLMENT

PARTICIPANT INFORMATION (Please print or type)

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

To cancel Southland Voluntary Insurance, participant must have been enrolled a minimum of 12-months, unless there has been a qualifying event* to cancel coverage. If employee was terminated, a Cancellation form (LG03) must be completed.

☐ Vision	☐ Dental	☐ Vision and Dental

AFFIRMATION

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 correct and I understand by submitting this form by Southland Voluntary Insurance coverage will be cancelled.

_____ _____
Participant Signature Date

TO BE COMPLETED BY EMPLOYER

Effective Date of Cancellation: 01/01/2022 Unit Name: _____ **Unit No.:** _____

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

*A "qualifying event" is death, divorce, or otherwise losing status as an eligible employee or dependent.

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