Form LG15
Revised 2/22

LOCAL GOVERNMENT HEALTH INSURANCE PROGRAM
Participation Form

Local Government Unit			Federal ID Number
Mailing Address	City	State	ZIP Code
Physical Address	City	State	ZIP Code

Unit Contacts

Health Insurance Administrator			
Name	Title		
Phone Number	Email Address		
Primary Contact (If different)			
Name	Title		
Phone Number	Email Address		
Additional Contact (If different)			
Name	Title		
Phone Number	Email Address		
Wellness Contact (If Different)			
Name	Title		
Phone Number	Email Address		
Physical Address	City	State	ZIP Code

Coverage Selections

New units must select coverage allowances and effective date of coverage for all new eligible employees.
Units may change these selections during Open Enrollment (Nov. 1- Nov. 30).

BCBS Dental Coverage	☐ Yes ☐ No
Coverage for Non-Medicare Retirees	☐ Yes ☐ No
Coverage for Medicare Retirees	☐ Yes ☐ No
Coverage for Elected Officials	☐ Yes ☐ No If yes, submit an elected official form, LG30 or LG31.
Effective Date of Coverage	☐ Date of Hire ☐ 1st Day of 2nd Month
Date Coverage Will Begin	

Enrollments/Declinations

Please include the number of eligible employees who will enroll in, or decline, LGHIP coverage.

Active Employees	Enroll:	Decline:
Elected Officials	Enroll:	Decline:
Retired	Enroll:	
Total Eligible Participants	Enroll:	Decline:
Total Number of Individuals Currently on COBRA:		

Contribution Amount

Please provide the percentage the unit will contribute to the single and family premium

Single Coverage Participants	Number of Participants:	
	% Paid by Unit:	% Paid by Employee:
Family Coverage Participants	Number of Participants:	
	% Paid by Unit:	% Paid by Employee:

Attach to this application package an alphabetical listing, by department, of all eligible employees' names and Social Security numbers. Please also include a list of all individuals currently enrolled in COBRA.

_____ _____
Name of Benefit Administrator Title

If signed electronically, I acknowledge and certify the electronic signature process complies with the Alabama Uniform Electronic Transaction Act and the LGHIB rules outlined in the Administrative Guide.

_____ _____
Signature Date