

Local Government Health Insurance Program Listing of Elected Officials for a City or Town

City or Town of: _____ **Unit Number:** _____

A list of elected officials is required, regardless of whether the unit offers coverage to its elected officials.
Please complete the fields below with the elected official's information.

Mayor					
Elected Official Name	Date Assumed Office	Date Term Ends	Enroll	Decline	Opt-Out
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council					
Elected Official Name	Date Assumed Office	Date Term Ends	Enroll	Decline	Opt-Out
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council					
Elected Official Name	Date Assumed Office	Date Term Ends	Enroll	Decline	Opt-Out
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council					
Elected Official Name	Date Assumed Office	Date Term Ends	Enroll	Decline	Opt-Out
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council					
Elected Official Name	Date Assumed Office	Date Term Ends	Enroll	Decline	Opt-Out
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council					
Elected Official Name	Date Assumed Office	Date Term Ends	Enroll	Decline	Opt-Out
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council					
Elected Official Name	Date Assumed Office	Date Term Ends	Enroll	Decline	Opt-Out
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_____ **Unit does not allow coverage for Elected Officials**

Form Completed By:

Name: _____	Title: _____
<p>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.</p>	
Signature: _____	Date: _____

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