

Local Government Health Insurance Program Listing of Elected Officials for a County Commission

_____ County Commission _____ 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. If more space is needed, please complete an additional form.

Probate Judge					
Elected Official Name	Date Assumed Office	Date Term Ends	Enroll	Decline	Opt-Out
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheriff					
Elected Official Name	Date Assumed Office	Date Term Ends	Enroll	Decline	Opt-Out
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Assessor					
Elected Official Name	Date Assumed Office	Date Term Ends	Enroll	Decline	Opt-Out
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Collector					
Elected Official Name	Date Assumed Office	Date Term Ends	Enroll	Decline	Opt-Out
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coroner					
Elected Official Name	Date Assumed Office	Date Term Ends	Enroll	Decline	Opt-Out
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chairman					
Elected Official Name	Date Assumed Office	Date Term Ends	Enroll	Decline	Opt-Out
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissioner 1					
Elected Official Name	Date Assumed Office	Date Term Ends	Enroll	Decline	Opt-Out
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissioner 2					
Elected Official Name	Date Assumed Office	Date Term Ends	Enroll	Decline	Opt-Out
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissioner 3					
Elected Official Name	Date Assumed Office	Date Term Ends	Enroll	Decline	Opt-Out
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissioner 4					
Elected Official Name	Date Assumed Office	Date Term Ends	Enroll	Decline	Opt-Out
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissioner 5					
Elected Official Name	Date Assumed Office	Date Term Ends	Enroll	Decline	Opt-Out
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissioner 6					
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: _____
<small>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.</small>	
Signature: _____	Date: _____