

**MEMORANDUM**

TO: Local Government Units

FROM: David C. Hilyer, CEO  
Local Government Health Insurance Board

SUBJECT: Notice of Local Government Health Insurance Board Election  
Position Two

The Local Government Health Insurance Board (LGHIB) is comprised of nine board members, which includes two members that are elected. The term for one of the elected seats, Position Two, expires December 31, 2026. To fill this position, the LGHIB will conduct an election later this year. Eligible voters will receive instructions on how to cast their votes prior to the start of the election.

Position Two is a three-year term, commencing January 1, 2027, and expiring December 31, 2029.

A candidate for Position Two must be either:

- an active full-time employee of an employer participant that is not a county or municipality with at least ten years of creditable coverage in the Local Government Health Insurance Plan (LGHIP) or
- a retiree participating in the LGHIP.

To be placed on the ballot, a prospective candidate must submit the LGHIB's Candidate Information Form, a candidate statement and current photograph by 5:00 pm on Friday, August 14, 2026. The form is attached to this memo and available at [www.lghip.org](http://www.lghip.org). Prospective candidates must submit their completed and signed form to the LGHIB by emailing it to [elections@lghip.org](mailto:elections@lghip.org).

The candidate statement should not exceed 100 words and should include a short bio, the candidate's unique qualifications, and the reasons why the candidate wants to serve on the Board. The candidate statement and photograph will be displayed on the election website.

Voting will begin September 11, 2026, and end at 5:00 pm central time October 9, 2026.

For questions related to the duties of an LGHIB board member, candidate submission or the election, please contact Jason Graham, Chief Operating Officer at (334) 851-6823 or [jgraham@lghip.org](mailto:jgraham@lghip.org).

Local Government Health Insurance Board  
Candidate Information Form, Position Two

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](mailto:elections@lghip.org).

Name: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

- an active full-time employee of an employer participant that is not a county or municipality with at least ten years of creditable coverage in the Local Government Health Insurance Plan (LGHIP), or
- a retiree participating in the LGHIP.

Please check the applicable box and provide the information below confirming your qualification for Position Two on the Board:

\_\_\_\_\_ Active full-time employee of an employer participant that is not a county or municipality with at least ten years of creditable coverage in the LGHIP

\_\_\_\_\_ Retiree participant

Years of Coverage under LGHIP: \_\_\_\_\_ LGHIP Contract Number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

**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: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_