

RESOLUTION

WHEREAS, _____, requests permission from the Local
(Name of Local Government Unit)
Government Health Insurance Board to participate in the Local Government Health Insurance
Program (*Code of Alabama 1974, Section 11-91A-1, et seq.*); and

WHEREAS, _____ agrees to abide by the rules, procedures
(Name of Local Government Unit)
and audit rights established for the Local Government Health Insurance Program by the Local
Government Health Insurance Board; and

WHEREAS, pursuant to the requirements of the HIPAA privacy rules and LGHIB policies,
_____ acknowledges it will not have access to claims data; and
(Name of Local Government Unit)

WHEREAS, the information submitted for enrollment into the Local Government Health Insurance
Program has been verified for completeness and accuracy; and

WHEREAS, an application fee is submitted as part of this Application Package as our equity contribution
to the fund's reserves, but does not entitle _____ to any
(Name of Local Government Unit)
interest in fund reserves that have accumulated in prior years;

NOW, THEREFORE, BE IT RESOLVED, that _____ does
(Name of Local Government Unit)
hereby submit this application package to participate in the Local Government Health Insurance
Program, as administered by the Local Government Health Insurance Board.

ADOPTED AND APPROVED THIS DATE: _____

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.

Authorized Person's Signature

Type or Print Name

Type or Print Title