

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

City or Town of: _____ Unit Number: _____

Unit Allows for Coverage of Elected Officials Yes No

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 Legal Name	Term Starts	Term Ends	Last 4 of SSN/Contract	Enroll	Decline	Opt-Out
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council						
Elected Official Legal Name	Term Starts	Term Ends	Last 4 of SSN/Contract	Enroll	Decline	Opt-Out
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council						
Elected Official Legal Name	Term Starts	Term Ends	Last 4 of SSN/Contract	Enroll	Decline	Opt-Out
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council						
Elected Official Legal Name	Term Starts	Term Ends	Last 4 of SSN/Contract	Enroll	Decline	Opt-Out
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council						
Elected Official Legal Name	Term Starts	Term Ends	Last 4 of SSN/Contract	Enroll	Decline	Opt-Out
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council						
Elected Official Legal Name	Term Starts	Term Ends	Last 4 of SSN/Contract	Enroll	Decline	Opt-Out
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council						
Elected Official Legal Name	Term Starts	Term Ends	Last 4 of SSN/Contract	Enroll	Decline	Opt-Out
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form Completed By:

Name: _____ 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: _____