

LOCAL GOVERNMENT HEALTH INSURANCE PROGRAM Unit Change Form

Local Government Unit			Unit #
Mailing Address	City	State	ZIP Code
Physical Address	City	State	ZIP Code

Unit Contacts

Health Insurance Administrator	Title		
Phone Number	Email Address		
<input type="checkbox"/> Check this box if the Administrator requires a separate login for the unit's my.lghip account. If selected, the Administrator will receive an email with login details from the Local Gov team.			
Primary Contact (If Different)	Title		
Phone Number	Email Address		
<input type="checkbox"/> Check this box if the Primary Contact requires a separate login for the unit's my.lghip account. If selected, the Primary Contact will receive an email with login details from the Local Gov team.			
Additional Contact (If Different)	Title		
Phone Number	Email Address		
<input type="checkbox"/> Check this box if the Additional Contact requires a separate login for the unit's my.lghip account. If selected, the Additional Contact will receive an email with login details from the Local Gov team.			
Additional Contact (If Different)	Title		
Phone Number	Email Address		
<input type="checkbox"/> Check this box if the Additional Contact requires a separate login for the unit's my.lghip account. If selected, the Additional Contact will receive an email with login details from the Local Gov team.			
Wellness Contact (If Different)	Title		
Phone Number	Email Address		
Physical Address	City	State	ZIP Code
<input type="checkbox"/> Check this box if the Wellness Contact requires a separate login for the unit's my.lghip account. If selected, the Wellness Contact will receive an email with login details from the Local Gov team.			
Delete Contact			

Updates to Coverage

Submit during Open Enrollment for a January 1 effective date

Dental Coverage for all employees	<input type="checkbox"/> Add	<input type="checkbox"/> Drop
Coverage for Non-Medicare Retirees	<input type="checkbox"/> Add	<input type="checkbox"/> Drop
Coverage for Medicare Retirees	<input type="checkbox"/> Add	<input type="checkbox"/> Drop
Coverage for Elected Officials	<input type="checkbox"/> Add	<input type="checkbox"/> Drop
Effective Date of Coverage	<input type="checkbox"/> Date of Hire <input type="checkbox"/> 1 st Day of 2 nd Month	

_____ Name of Benefit Administrator	_____ 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