

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

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

<b>Probate Judge</b>						
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"/>
<b>Sheriff</b>						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tax Assessor</b>						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tax Collector</b>						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Revenue Commissioner</b>						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coroner</b>						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chairman</b>						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Commissioner 1</b>						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Commissioner 2</b>						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Commissioner 3</b>						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Commissioner 4</b>						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Commissioner 5</b>						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Commissioner 6</b>						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_