Form LG11
Revised 8/22

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		
Primary Contact (If Different)	Title		
Phone Number	Email Address		
Additional Contact (If Different)	Title		
Phone Number	Email Address		
Additional Contact (If Different)	Title		
Phone Number	Email Address		
Wellness Contact (If Different)	Title		
Phone Number	Email Address		
Physical Address	City	State	ZIP Code
Delete Contact			

Updates to Coverage

Submit during Open Enrollment for a January 1 effective date

Dental Coverage for all employees	☐ Add	☐ Drop
Coverage for Non-Medicare Retirees	☐ Add	☐ Drop
Coverage for Medicare Retirees	☐ Add	☐ Drop
Coverage for Elected Officials	☐ Add	☐ Drop
Effective Date of Coverage	☐ Date of Hire	☐ 1st Day of 2nd Month

_____ Name of Benefit Administrator	_____ 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

Local Government Health Insurance Board
(334) 263-8326 • enrollments@lghip.org