



## LOCAL GOVERNMENT HEALTH INSURANCE BOARD

PO Box 304901 • Montgomery, AL 36130

Phone: 334-851-6802 or 1-866-836-9137

Website: [www.lghip.org](http://www.lghip.org)

Michael Gillespie  
Chairman

David C. Hilyer  
CEO

### **MEMORANDUM**

TO: Local Government Units

FROM: David C. Hilyer, CEO  
Local Government Health Insurance Board

SUBJECT: Notice of Local Government Health Insurance Board Election  
Position Two

The Local Government Health Insurance Board (LGHIB) is comprised of nine board members, which includes two that are elected. The term for one of the elected seats, Position Two, expires December 31, 2023. In order to fill this position, the LGHIB will conduct an election beginning September 15, 2023, and ending October 13, 2023. Eligible voters will receive instructions on how to cast their votes prior to the start of the election.

Position Two is a three-year term, commencing January 1, 2024, and expiring December 31, 2026.

A candidate for Position Two must be either:

- an active full-time employee of an employer participant that is not a county or municipality; and
- have at least ten years of creditable coverage in the Local Government Health Insurance Plan (LGHIP); or
- a retiree participating in the LGHIP.

The individual elected will be involved in fundamental decisions regarding the LGHIP's benefits and premiums. To be placed on the ballot, a prospective candidate must submit the LGHIB's Candidate Information Form, their candidate statement and current photograph by 5:00 pm on Friday, August 18, 2023. The form is available at [www.lghip.org](http://www.lghip.org). Prospective candidates must submit their completed and signed form to the LGHIB by emailing it to [elections@lghip.org](mailto:elections@lghip.org).

The candidate statement should not exceed 100 words and should include a short bio, the candidate's unique qualifications, and the reasons why the candidate wants to serve on the Board. The candidate statement and photograph will be displayed on the election section of [www.lghip.org](http://www.lghip.org).

Voting will begin September 15, 2023 and end at 5:00 pm central time October 13, 2023.

For questions related to the duties of an LGHIB board member, candidate submission or the election, please contact Jason Graham, Assistant Chief Operating Officer at (334) 851-6823 or [jgraham@lghip.org](mailto:jgraham@lghip.org).

**Local Government Health Insurance Board  
Candidate Information Form  
Position Two**

To declare your candidacy for the Board, please complete this form and email it, along with your candidate statement and picture, to elections@lghip.org.

Name: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Candidates for Position Two on the Board must meet the following qualifications pursuant to Section 11-91A-4 of the Code of Alabama:

- an active full-time employee of an employer participant that is not a county or municipality with at least ten years of creditable coverage in the Local Government Health Insurance Plan (LGHIP) or
- a retiree participating in the LGHIP.

Years of Coverage under LGHIP: \_\_\_\_\_ LGHIP Contract Number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Years at Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Candidate Certification**

By signing this form, I hereby certify that I meet all of the requirements for candidacy required by Section 11-91A-4 of the Code of Alabama. I also certify that if elected, I will be an active participant on the Board, which includes attending board meetings, attending sub-committee meetings, and meeting any other obligations that come with membership on the Board.

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Candidate Signature

Date

**Employer Certification - to be signed by the administrator of your unit**

By signing this document, I hereby certify that the candidate meets all of the requirements for candidacy as outlined by Section 11-91A-4 of the Code of Alabama. I also certify that the candidate is an employee in good standing.

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Administrator Signature

Print Name

Date