



# RESOLUTION

**WHEREAS,** \_\_\_\_\_, requests permission from the Local Government Health Insurance Board to participate in the Local Government Health Insurance Program (*Code of Alabama 1974, Section 11-91A-1, et seq.*); and  
(Name of Local Government Unit)

**WHEREAS,** \_\_\_\_\_ agrees to abide by the rules, procedures and audit rights established for the Local Government Health Insurance Program by the Local Government Health Insurance Board; and  
(Name of Local Government Unit)

**WHEREAS,** pursuant to the requirements of the HIPAA privacy rules and LGHIB policies, \_\_\_\_\_ acknowledges it will not have access to claims data; and  
(Name of Local Government Unit)

**WHEREAS,** the information submitted for enrollment into the Local Government Health Insurance Program has been verified for completeness and accuracy; and

**WHEREAS,** an application fee is submitted as part of this Application Package as our equity contribution to the fund's reserves, but does not entitle \_\_\_\_\_ to any interest in fund reserves that have accumulated in prior years;  
(Name of Local Government Unit)

**NOW, THEREFORE, BE IT RESOLVED,** that \_\_\_\_\_ does hereby submit this application package to participate in the Local Government Health Insurance Program, as administered by the Local Government Health Insurance Board.  
(Name of Local Government Unit)

**ADOPTED AND APPROVED THIS DATE:** \_\_\_\_\_

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.

\_\_\_\_\_  
Authorized Person's Signature

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Type or Print Title