Form LG02
Revised 9/16

FOR LGHIB USE ONLY
Date: _____
Initials: _____

LOCAL GOVERNMENT HEALTH INSURANCE PROGRAM
2017 STATUS CHANGE FORM

SUBSCRIBER INFORMATION (Please print or type.)

Name (First, Middle Initial, Last)			Date of Birth
Social Security Number	Contract Number	Home Telephone Number ( )	Work Telephone Number ( ) Ext.

CHANGE: ☐ MAILING ADDRESS To: _____
Street Address or Post Office Box

_____
City State Zip

☐ SUBSCRIBER'S NAME From: _____ To: _____

☐ DEPENDENT'S NAME From: _____ To: _____

☐ SUBSCRIBER'S DATE OF BIRTH From: _____ To: _____

☐ DEPENDENT'S DATE OF BIRTH From: _____ To: _____

☐ TELEPHONE NUMBER To: Home (_____)_____Work: (_____)_____

☐ E-MAIL ADDRESS To: _____

CHANGE RATE: ☐ Retired Subscriber (Not Medicare Participant) ☐ Dependent not Medicare ☐ Dependent Medicare	CHANGE RATE: ☐ Retired Subscriber (Medicare Participant) ☐ Dependent not Medicare ☐ Dependent Medicare

Note: If in your rate above you selected: ☒ **Retired Subscriber (Medicare Participant)** or ☒ **Dependent Medicare,** you must provide a copy of your Red, White, and Blue Medicare Card.

TO BE COMPLETED BY EMPLOYER

Effective Date of Change: _____

_____
Local Government Unit Name

_____
Account Number

_____
Signature of Insurance Clerk Date

AFFIRMATION AND RELEASE

I hereby affirm that I have completely read and fully understand the terms and conditions of this form. I attest that all the representations made by me on this form are true and correct. I understand that any misrepresentation may result in the forfeiture of insurance coverage and that I will be personally liable for all claims related to such misrepresentation. I further understand that there is mandatory utilization review and I do hereby give permission to release any information necessary to evaluate, administer, and process claims for benefits to any person, entity, or representative acting on the LGHIB's behalf.

_____
Employee Signature Date

LOCAL GOVERNMENT HEALTH INSURANCE BOARD
POST OFFICE BOX 304900
MONTGOMERY, ALABAMA 36130-4900

(334) 263-8326 | 1-866-836-9137 | FAX: (334) 517-9778