

Local Government Health Insurance Program Listing of Elected Officials for a City or Town

City or Town of: _____ 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.

| Mayor | | | | | | |
|-----------------------------|-------------|-----------|------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |
| Council | | | | | | |
| 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"/> |
| Council | | | | | | |
| 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"/> |
| Council | | | | | | |
| 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"/> |
| Council | | | | | | |
| 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"/> |
| Council | | | | | | |
| 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"/> |
| Council | | | | | | |
| 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"/> |

Form Completed By:

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: _____