Form LG11-B
Revised 7/20

FOR LGHIB USE ONLY
Date _____
Initials _____

LOCAL GOVERNMENT HEALTH INSURANCE PROGRAM
General Information Changes

Name of Local Government Unit_____ Unit # _____

Mailing Address

PO Box or Street Address
City, State
Zip, County

Physical Address (if different)

Street Address
City, State
Zip, County

Unit Contacts

Health Insurance Administrator:	
Position/Title:	Phone Number:
Unit Email Address:	
Primary Contact: *(If different than Health Insurance Administrator)*	
Position/Title:	Phone Number:
Unit Email Address:	
Wellness Coordinator: *(If different than Health Insurance Administrator)*	
Position/Title:	Phone Number:
Unit Email Address:	
Wellness Coordinator Location:	
Additional Billing Contact:	
Position/Title:	Phone Number:
Delete Contact Person:	
Form Completed By:	Date:
Signature	

Local Government Health Insurance Board
PO Box 304900
Montgomery, AL 36130-4900
(334) 263-8326 • 1-866-836-9137 • Fax: (334) 263-8526