

Local Gov Health and Wellness Listing of Elected Officials for a County Commission

_____ County Commission _____ 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. If more space is needed, please complete an additional form.

Probate Judge

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"/>

Sheriff

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"/>

Tax Assessor

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"/>

Tax Collector

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"/>

Revenue Commissioner

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"/>

Coroner

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"/>

Chairman

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"/>

Commissioner 1

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"/>

Commissioner 2

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"/>

Commissioner 3

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"/>

Commissioner 4

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"/>

Commissioner 5

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"/>

Commissioner 6

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"/>

Name: _____ Title: _____

If signed electronically, I acknowledge and certify the electronic signature process complies with the Alabama Uniform Electronic Transaction Act and the Local Gov rules outlined in the Administrative Guide.

Signature: _____ Date: _____