



# Tobacco Certification

For Internal Use Only:

- SDH  HS  SCV  CH
- MA  SDHM  SDHW

## 2019 Certification of Tobacco Use

<b>Name:</b>	<b>Employee Number:</b>
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Each employee and spouse enrolled in the St. Dominic Group Health Plan (the Plan) who uses tobacco and does not choose to participate in a tobacco cessation program (or who does not use tobacco but fails to fill out, sign and turn in this form) will be assessed a tobacco use surcharge of \$25 per month, for a total of \$50 per month for both employee and spouse. **Both employee and spouse on the St. Dominic Group Health Plan must complete and submit this form.** *"Tobacco" includes cigarettes, cigarillos (e.g. Black and Mild), cigars, pipes, e cigarettes, vapes, chewing tobacco, snuff, dip, loose tobacco, etc.*

### EMPLOYEE:

- I have never used tobacco. **(If you have never used tobacco and are currently not married or your spouse is not on the St. Dominic Group Health Plan, choose N/A under SPOUSE, skip to the bottom - read and sign.)**

#### Or choose one of the following options:

- I have used tobacco in the past, but I have not used tobacco in the past six months.
- I will contact Employee Wellness at 601.200.6448 within 30 days of Hire Date, to enroll in a tobacco cessation program. Failure to contact Employee Wellness will result in your receiving the tobacco surcharge.
- I will contact Employee Wellness at 601.200.6448 to pick up a Doctor's form, so that I can participate in and abide by a plan of care recommended by my doctor.
- I do not choose to participate in any type of tobacco cessation program at this time.

### SPOUSE OF INSURED EMPLOYEE:

- N/A
- I have never used tobacco products. **(If you have never used tobacco products, skip to the bottom, read and sign)**

#### Or choose one of the following options:

- I have used tobacco in the past, but I have not used tobacco in the past six months.
- I will contact Employee Wellness at 601.200.6448 within 30 days of Hire Date, to enroll in a tobacco cessation program. Failure to contact Employee Wellness will result in your receiving the tobacco surcharge.
- I will contact Employee Wellness at 601.200.6448 to pick up a Doctor's form so that I can participate in and abide by a plan of care recommended by my doctor.
- I do not choose to participate in any type of tobacco cessation program at this time.

By my signature below, I certify the following with respect to the wellness program:

- The information provided on this Certification is true and accurate and I will be subject to adverse consequences (such as termination of employment) if any representation and/or information provided herein is intentionally false or misleading.
- I understand my participation in the Tobacco Wellness Program is subject to my obligation under the Plan to provide additional information upon request by the Plan Administrator, Aetna, as the Plan Administrator deems reasonably necessary to verify my responses herein (e.g., EOB regarding the alternative plan of care).
- If I indicated above that I am currently under an appropriate plan of care, I will abide by the appropriate plan of care recommended by my health care provider and will promptly notify the St. Dominic Health Services Benefits office if I cease to participate in the plan of care recommended by my health care provider. Failure to provide prompt notice may result in adverse consequences.

Preferred Phone Number	Employee Signature	Date
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Spouse Name (Please Print)	Spouse Signature	Date
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For further information or to enroll in a tobacco cessation program, contact the Wellness Department at 601.200.6448.

**The Benefits Department must receive this original completed form within 30 days of Hire Date. No copies will be accepted by fax or email. If you have questions, please contact the Benefits Department at 601-200-6706, 6858 or 6733.**