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Administered by Benefit Management, Inc.

## Tobacco Use Affidavit

This form is used to determine your premium rate. Beginning January 1, 2010, you are only eligible for the lower non-tobacco user rate after you certify that you have been tobacco-free during the prior 12 months.

Name \_\_\_\_\_

Member ID#: \_\_\_\_\_

### TOBACCO USE INFORMATION

**Check the applicable box below:**

➤ I have used tobacco products during the prior 12 months.  Yes  No

**NOTE:** Tobacco products include cigarettes, cigars, chewing or pipe tobacco or any other tobacco products regardless of the frequency or method of use.

**By signing this form, I certify the following:**

1. I have truthfully checked the Yes or No box above that accurately reflects my use of tobacco products in the prior 12 months.
2. I understand that tobacco products include cigarettes, cigars, chewing or pipe tobacco or any other tobacco products regardless of the frequency or method of use.
3. I understand that if I currently use tobacco products and stop using tobacco products in the future, I will be eligible for the lower non-tobacco user rate the month following OHRP's receipt of a new Tobacco Use Affidavit certifying that I have not used tobacco products during the prior 12 months.
4. I understand that if I fail to complete this Affidavit truthfully, OHRP may adjust my premium charges retroactively for the applicable higher tobacco-user rate. Upon written notification, I must reimburse OHRP any amounts reduced from my premiums for the period for which I falsely certified eligibility for the non-tobacco user rate.
5. I understand that if I state on this form that I do not use tobacco products, I may be asked at a later date to supply a certification from my physician that I am not a tobacco user.

**X**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed