

## COMMITMENT TO PARTICIPATE IN TOBACCO CESSATION

**Public Education Employees' Health Insurance Plan**  
**P. O. Box 302150 ♦ Montgomery, Alabama 36130-2150**  
**334.517.7000 or 877-517-0020; Fax: 334.517.7001 or 877.517.0021**

### Tobacco Cessation Participant Information

|  |  |  |   |
|--|--|--|---|
| Social Security # or PID   | First Name   | Middle Initial                           | Last Name                                     |
| Mailing Address  | City   | State                                    | ZIP Code                                      |
| Is this a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |   |
| Home Phone<br>____-____-____   | Cell Phone<br>____-____-____                                 | Work Phone<br>____-____-____             |   |
| Date of Birth<br>____/____/____  | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F | Email Address                            |   |
| Employer/School System   |  |  |   |
| Is this your first time participating in a tobacco cessation program? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |   |
| Tobacco Cessation Program – ADPH QuitNow<br>quitnowalabama.com   | 800.784.8669   | Anticipated Start Date<br>____/____/____ | Anticipated Completion Date<br>____/____/____ |

### PEEHIP Subscriber Certification

Under penalties of perjury, I declare that I have examined and completed this form, and all statements herein are true and correct to the best of my knowledge and belief. I further understand that my participation in a tobacco cessation program is subject to review by the Plan, and I hereby release any information relevant to evaluation or administration to the Plan. I also agree to periodic tobacco usage testing and agree to notify the PEEHIP office if my or my spouse's tobacco status changes.

Subscriber Signature \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

**See reverse side for instructions**

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## Instructions

For PEEHIP members who would like assistance with quitting tobacco products, PEEHIP offers a **free** tobacco cessation program from the Alabama Department of Public Health (ADPH). The program offers live counseling and a limited supply of Nicotine Replacement Therapy (NRT) medication.

The **ADPH** program is available for all PEEHIP members and can be reached at 1.800.QUIT.NOW (800.784.8669).

This form serves as verification of your commitment to participate in the above mentioned tobacco cessation program. By completing and sending this form with your signature to PEEHIP with a post-marked date of no later than October 31, PEEHIP will notate that you are in pending status for a tobacco cessation program.

This may mean you will become eligible to receive PEEHIP's non-tobacco use discount for the entire plan year. If you complete the cessation program before the end of the plan year, you must then send your completion certificate to PEEHIP along with a signed letter requesting to have your tobacco premium removed based on your completion of the tobacco cessation program. The completion certificate and written request must have a post-marked date prior to the end of the plan year.

If PEEHIP receives all of the required documentation by the time periods previously specified, then you will be eligible to receive reimbursement of the tobacco premiums that you paid since the beginning of the plan year. You will also receive a prospective tobacco premium discount through the end of the plan year.

If you do not send a COMMITMENT TO PARTICIPATE IN TOBACCO CESSATION form to PEEHIP by October 31 but proceed with completing the tobacco cessation program during the plan year, then you will only be eligible to receive the premium discount prospectively from the time PEEHIP receives your tobacco cessation completion certificate and signed written request to have your tobacco premium removed. Your discount will then expire at the end of the plan year.