

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 ____-____-____	Cell Phone ____-____-____	Work Phone ____-____-____		
Date of Birth ____/____/____	Sex <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 Chosen (Circle One) ActiveHealth ADPH QuitNow		Anticipated Start Date ____/____/____	Anticipated Completion Date ____/____/____	
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 both ActiveHealth and the Alabama Department of Public Health (ADPH). Both program options offer live counseling and a limited supply of Nicotine Replacement Therapy (NRT) medication.

The **ActiveHealth** program is only available to PEEHIP members and covered spouses enrolled in the PEEHIP Blue Cross Blue Shield Hospital Medical Group #14000 plan who are not Medicare eligible while covered on a retiree contract. ActiveHealth's program can be reached at 1.855.294.6580.

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 one of the above mentioned tobacco cessation programs. 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.