



Your SSN _____

PID _____

Subscriber Information

Name _____
First Middle/Maiden Last

Mailing Address _____
Street or P.O. Box Apt.# City State ZIP Code

Telephone _____
Cell Phone Home Phone Work Phone

Date of Birth _____ Email Address _____

Is this a change of address? Yes No Sex Male Female

Participant's Name _____ Subscriber Spouse

Section A

Tobacco Cessation Participation

Is this your first time participating in a tobacco cessation program? Yes No

Tobacco Cessation Program:
 ADPH QuitNow quitnowalabama.com 800.784.8669

Anticipated Start Date _____
Month Day Year

Anticipated Completion Date _____
Month Day Year

Section B

Signature Certification

Please see instructions below.

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 usage status changes.

Sign Here →
Subscriber

Signature _____ **Date** _____

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 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 between October 1 and 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 providing,:

- You complete the cessation program before the end of the plan year
- You 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.