

## **Auburn University Tobacco Usage Certification**

## For The Auburn University Health Plan

Address (City, State, Zip Code)

Employee Name (please print)

If you are enrolled in the health insurance plan, you do not have to pay the \$20 per month tobacco premium if you certify that you (and your spouse/sponsored adult dependent, if applicable) are not tobacco users. Health insurar premiums shown in the Benefits-at-a-Glance already reflect the rates without the tobacco premium.  You must certify your tobacco use status to AU Human Resources, though you do not have to recertify every year.  If you are enrolled in the plan, have you used tobacco products within the last 3 months?  Yes \[ \] No \[ \]  If your spouse is enrolled in the plan, has your spouse used tobacco products within the last 3 months?  Yes \[ \] No \[ \]  If you have a Sponsored Adult Dependent who is enrolled in the plan, has your Sponsored Adult Dependent us tobacco products within the last 3 months?  Yes \[ \] No \[ \]  An alternative method for compliance is for the individual(s) who have used tobacco products to complete the "Fup" tobacco cessation program sponsored by Healthy Tigers and the Auburn University Pharmaceutical Care Cen more information call (334) 844-4099 or email aupcc4u@auburn.edu. Certified completion of the "Pack it Up" will result in participation in the discounted non-tobacco rate upon the pay period following completion of the prand remittance of the Tobacco Usage Certification form.  EMPLOYEE CERTIFICATION  "I declare that the above information is true and accurate. I understand that I am responsible for notifying AU Hu Resources immediately upon a change in tobacco use status for either me or my spouse (or Sponsored Adult Depi if applicable). I also understand that any employee submitting false information may be required to repay all disc received and may be required to pay all assessed claims and expenses incurred by Auburn University related to fe and/or misleading information."  Employee Signature  Date			
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