

Physician Statement Concerning Tobacco Usage and Fitness to Participate in a Tobacco Cessation Program

INFORMATION FOR THE PHYSICIAN

As The University of Texas System (UT System) has a tobacco premium surcharge for individuals enrolled in the UT SELECT self-funded employee medical insurance plan. Plan members who use tobacco products will be charged a tobacco usage premium surcharge. Plan members can obtain an exemption from the surcharge by providing a declaration the member has not used tobacco products in the past sixty (60) days. In the alternative, a member that provides a physician's statement that (due to a health factor, it would be unreasonably difficult for the member to meet the requirements of the program, but who participates in a UT System approved tobacco cessation program or in some cases, a reasonable alternative program) is eligible for a waiver of the premium surcharge. Members who have a medical condition that makes it medically inadvisable for the member to use a tobacco cessation program may also be eligible for a premium surcharge waiver. **This document must be completed each plan year.**

For purposes of the program, "tobacco usage" includes, but not limited to smoking cigarettes, cigars, pipes, clove cigarettes and any other smoking devices that use tobacco such as hookahs. E-cigarettes, which contain nicotine, are also included under the tobacco premium program as is the use of all forms of smokeless tobacco, such as: chewing tobacco, snuff, dip, or any other product that contains tobacco.

A description of the tobacco cessation program approved by UT System is available at: www.livingwell.utsystem.edu/tobacco.htm.

If you have questions please call 512-499-4616 or email benefits@utsystem.edu.

PHYSICIAN'S STATEMENT CONCERNING TOBACCO USAGE

The following information pertains to:

Print UT SELECT Member's Name (Last, First, Middle)

Employee ID/Benefits ID (BID) Date of Birth

- As the above-named member's treating physician, it is my opinion that this individual has the following medical condition: _____, that would make it unreasonably difficult for the member to cease tobacco use at this time. However, it is my opinion that there is no medical reason that this member cannot to participate in the U.T. System approved tobacco cessation program described above.
- As the above-named member's treating physician, it is my opinion that this individual has the following medical condition: _____; (e.g, nicotine addiction) that would make it unreasonably difficult for the member to cease tobacco use at this time. It is my further opinion that at this time the UT System approved tobacco cessation program described above is not a reasonable alternative for the member.
- As the above-named member's treating physician, it is my opinion that due to the following medical condition, _____, it is medically inadvisable for the member to cease tobacco use at this time.

By signing this statement, I certify that the above information is true and correct. I understand that this form must be completed each plan year for your patient to be eligible for the exemption.

Print Physician Name

Physician Tax ID Number

Physician Signature

Date

INSTRUCTIONS

This form must be signed and submitted to the member's institution HR/Benefits Office.

UT Arlington

P: (817) 272-5558 Benefits Line or
(817) 272- 5554 | F: (817) 272-5798
Email: benefits@uta.edu
Office of Human Resources
J. D. Wetsel Bldg.
1225 W. Mitchell, Ste 212
Arlington, TX 76019

UT Austin

P: (512) 471-4772 or Toll Free: (800)
687-4178 | F: (512) 232-3524
Email: HRSC@austin.utexas.edu
Mailing Address:
The University of Texas at Austin
Human Resource Services
101 E. 27th St. STOP J5600
Austin, TX 78712-1573

UT Brownsville

P: (956) 882-8205 | Fax: (956) 882-6599
Email: benefits@utb.edu
Human Resources UTB/TSC, Cortez 129
80 Fort Brown
Brownsville, TX 78520

UT Dallas

P: (972) 883-2221 | F: (972) 883-2156
Email: benefits@utdallas.edu
Human Resources Management
Mail Station AD 10
800 W. Campbell Rd.
Richardson, TX 75080

UT El Paso

P: (915) 747-5202 | : (915) 747-5815
Email: benefits@utep.edu
Administration Building, Room 216
500 West University Ave.
El Paso, TX 79968

UT Health Northeast at Tyler

P: (903) 877-7784 | F: (903) 877-5394
Email: benefits@uthct.edu
11937 US Highway 271
Tyler, TX 75708-3154

UT Health at Houston

P: (713) 500-3960 | F: (713) 500-0342
Email: benefits@uth.tmc.edu
7000 Fannin
The University Center Tower (UCT)
10th Floor
Houston, TX 77030

UT Health Science Center San Antonio

P: (210) 567-2600 | : (210) 567-6791
Email: ben-admin@UTHSCSA.EDU
7703 Floyd Curl Drive, MSC 7972
San Antonio, TX 78229-3900

UT Medical Branch at Galveston

P: (409) 772-2630, Option "0" Toll Free:
(866) 996-8862 | F: (409) 772-2754
Email: benefits.services@utmb.edu
301 University Blvd.
Galveston, TX 77555-0840

UT MD Anderson Cancer Center

P: (713) 745-6947 | F: (713) 745-7160
Email: hrcbenefits@mdanderson.org
HR Benefits Unit 1614
PO Box 301407
Houston, TX 77230-1407

UT MD Anderson Cancer Center

Physicians Referral Service (PRS)
P: (713) 792-7600 | F: (713) 794-4812
Email:
PRSAAdministrativeServices@mdanderson.org
Physicians Referral Service (PRS)
PO Box 301407, Unit 1660
Houston, TX 77230-1407

UT Pan American

P: (956) 665-2451 | F: (956) 665-2340
Email: hrcbenefits@utpa.edu
Human Resources
1201 W. University Dr.
Edinburg, TX 78541

UT Permian Basin

P: (432) 552-2751 | F: (432) 552-3747
4901 East University Blvd.
Odessa, TX 79762

UT San Antonio

P: (210) 458-4250 | F: (210) 458-7890
Email: benefits@utsa.edu
One UTSA Circle
San Antonio, TX 78249

UT Southwestern Medical Center

P: (214) 648-9830 | F: (214) 648-9881
Email: benefits@utsouthwestern.edu
5323 Harry Hines Blvd
Dallas, TX 75390-9023

UT System

P: (512) 499-4660 | F: (512) 499-4380
Email: esc@utsystem.edu
Office of Employee Services
702 Colorado St. Suite 3.100
Austin, TX 78701

UT Tyler

P: (903) 566-4708 | F: (903) 565-5690
Email: aclem@uttyler.edu
Office of Human Resources
ADM 108
3900 University Blvd.
Tyler, TX 75799