

Declaration of Tobacco Use or Non-Tobacco Use Form

INFORMATION ABOUT THE TOBACCO PREMIUM PROGRAM

As part of its efforts to support the overall health and wellness of UT SELECT Medical plan members, University of Texas System has a tobacco premium program surcharge to discourage the use of tobacco.

Members enrolled in the UT SELECT Medical plan will pay a monthly surcharge in addition to the premium normally charged for UT SELECT Medical plan coverage of \$30 per month if they use tobacco. All members will be required to provide a declaration regarding their tobacco use as a condition of enrollment in UT SELECT. New members who use tobacco will begin to pay the additional charge on the first of the month following enrollment. The Tobacco Premium Program surcharge will be added to the UT SELECT premium that is deducted from your paycheck. All subscribing members are required to submit a declaration with regard to themselves and all of their covered dependents regardless of whether they use tobacco or not.

Premium surcharges are based on three categories: Member \$30 per month; Spouse \$30 per month, and Child(ren) \$30 per month. The premium surcharge for a family where any covered dependent child uses tobacco is

\$30 regardless of whether other covered dependent children do not use tobacco. The maximum premium surcharge is \$90 per family per month.

Members must declare if they are tobacco users. A "tobacco user" is defined by as a person who has used tobacco products within the past sixty (60) days. The sixty days are from the day this declaration is signed. Members who declare they are non-tobacco users must not have used tobacco products within the pasty sixty (60) days from the day this declaration is signed.

All types of tobacco products are included as part of the Tobacco Premium Program, including, but not limited to: cigarettes, cigars, pipes, all forms of smokeless tobacco (chewing tobacco, snuff, dip, or any other product that contains tobacco), 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.

More information about this program is available at:
www.utsystem.edu/benefits/medical/tobacco.htm

DECLARATION OF TOBACCO USE OR NON-TOBACCO USE

By signing this form, I understand and agree that:

- "Tobacco Products" includes but is not limited to: cigarettes, cigars, pipes, all forms of smokeless tobacco (chewing tobacco, snuff, dip, or any other product that contains tobacco), clove cigarettes and any other smoking devices that use tobacco such as hookahs. E-cigarettes are also included. "Tobacco User" is defined by UT System Office of Employee Benefits as a person who has used tobacco products within the past sixty (60) days. The sixty days are from the day this certification is signed.
- It is my obligation to submit an amended declaration if I or anyone else declared on this form to be a Non-Tobacco User uses Tobacco Products. I also understand that failure to do so is a violation of the UT SELECT Medical plan rules and UT System policy.
- I understand that all premium surcharges charges as a Tobacco User will be prospective. I further understand that if I or a dependent subsequently cease to be a Tobacco User, and I submit an amended declaration changing a Tobacco User to a Non-Tobacco User, I will not be refunded any part of the Tobacco User premium surcharges I have already paid.
- By signing this statement, I acknowledge under the penalties of perjury, that the above are true and accurate statements.

Please Continue and Sign on page2 ➡

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The undersigned submits the following information about him or herself and any of his or her dependents enrolled in the UT SELECT Medical plan:

Tobacco User Declaration: No Tobacco Users Subscriber Spouse Child(ren)*

* If any dependent child 16 years of age or older uses tobacco, check the "Child(ren)" box. The tobacco premium surcharge is the same regardless of how many children in the household use tobacco.

Print Subscriber's Name (Last, First, Middle)

Employee ID/Benefits ID (BID)

Subscriber's Signature

Date

INSTRUCTIONS

This form must be signed and submitted to the subscriber'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: hrbenefits@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: hrbenefits@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