

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 and UT CARE Medical plan members, University of Texas System has implemented a tobacco premium program surcharge to discourage the use of tobacco.

Members enrolled in the UT SELECT or UT CARE Medical plans will pay a monthly surcharge in addition to the premium normally charged for UT SELECT and UT CARE Medical plans 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 or UT CARE. 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 and UT CARE premium paid monthly. 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 is available about this program at www.utsystem.edu/offices/employee-benefits/insurance/tobacco-premium-program

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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 and UT CARE Medical plans 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.

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

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

* If any dependent child 16 years of age or older uses tobacco, check "tobacco user". 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

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INSTRUCTIONS

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

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STATE UNIVERSITY**
Human Resources/Benefits
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Nacogdoches, TX 75962
(936) 468-2304
Fax: (936) 468-1104
benefits@sfasu.edu

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J.D. Wetzel Building
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Arlington, TX 76019
(817) 272- 5554
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1616 Guadalupe St., Suite 1.408
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Toll Free: (800) 687-4178
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HRSC@austin.utexas.edu

UT DALLAS
Human Resources Management
800 W Campbell Rd, AD 10
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UT EL PASO
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Administration Building, Rm 216
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El Paso, Texas 79968
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benefits@uth.tmc.edu

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7703 Floyd Curl Dr Mail Code 7972
San Antonio, TX 78229
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Fax: (210) 567-6791
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11937 U.S. Highway 271
Tyler, TX 75708
(903) 877-7740
Fax: (903) 877-5394
benefits@uttyler.edu

**UT MD ANDERSON
CANCER CENTER**
Human Resources Benefits
(713) 745-6947, Option 1
Fax: (713) 745-7160
HRBenefits@mdanderson.org
Faculty & Executive Benefits
(713) 792-7600
FacExecBenefits@mdanderson.org

**UT MEDICAL BRANCH AT
GALVESTON**
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Mesa Building, Room 1224
Odessa, Texas 79762
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**UT RIO GRANDE VALLEY
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