RESET FORM

Tobacco Usage Certification

Auburn University
212 Ingram Hall
Auburn, AL 36849
334-844-4183

PART I SUBSCRIBER INFORMATION

Name: _____
First Middle Last

Address: _____
Street Address or P. O. Box

_____ _____ _____
City State Zip

Date of Birth: _____ Banner ID Number: _____

Note: The name of the subscriber should read exactly as the name appears on the Social Security card

PART II TOBACCO USAGE

Effective July 1, 2006, Auburn University employees enrolled in Blue Cross Blue Shield will be assessed an annual charge of $240 if they have used tobacco products in the last 12 months. This surcharge will be assessed in equal amounts in each pay period over the course of a year. In order to avoid this surcharge, you must submit this Tobacco Usage certification documenting that you and your spouse (if your spouse is covered as a dependent) have not used tobacco products within the last 12 months.

If you are enrolled in single coverage, have you used tobacco products within the last 12 months? ☐ Yes ☐ No

If you are enrolled in family coverage, have you or your spouse used tobacco products with the last 12 months?

Member: ☐ Yes ☐ No **Spouse**: ☐ Yes ☐ No

PART III MEMBER CERTIFICATION

I declare that the above information is true and accurate. I understand that I am responsible for notifying Auburn University Payroll & Employee Benefits Office immediately upon a change in tobacco use status for either me or my spouse. I also understand that any member submitting false information may be required to pay all surcharges and may be required to pay all assessed claims and expenses incurred by the University related to the false and misleading information.

Employee Signature: _____ Date: _____