

Auburn University Tobacco Usage Certification

For The Auburn University Health Plan

Address (City, State, Zip Code)

Employee Name (please print)

Banner ID #	Date of Birth	Email address
certify that you (and your spouse/sponsore premiums shown in the Benefits-at-a-Glanc	ed adult dependent, if a ce already reflect the ra	o pay the \$20 per month tobacco premium if you applicable) are not tobacco users. Health insurance ates without the tobacco premium.
If you are enrolled in the plan, have you us		
If your spouse is enrolled in the plan, has y Yes No	our spouse used tobac	cco products within the last 3 months?
If you have a Sponsored Adult Dependent of tobacco products within the last 3 months? Yes No No		plan, has your Sponsored Adult Dependent used
Up" tobacco cessation program sponsored l more information call (334) 844-4099 or em	by Healthy Tigers and t nail <u>aupcc4u@auburn.e</u> I non-tobacco rate upo	have used tobacco products to complete the "Pack it the Auburn University Pharmaceutical Care Center. For edu. Certified completion of the "Pack it Up" program in the pay period following completion of the program
EN	APLOYEE CERT	TIFICATION
Resources immediately upon a change in to if applicable). I also understand that any em	bbacco use status for ei nployee submitting fals	rstand that I am responsible for notifying AU Human ther me or my spouse (or Sponsored Adult Dependent, e information may be required to repay all discounts nses incurred by Auburn University related to false
Employee Signature	_	Date