

Certification Regarding Tobacco Use

Check the appropriate box, sign and return to S.C. PEBA, 202 Arbor Lake Drive, Columbia, SC 29223.

Subscriber name: _____ Subscriber BIN/SSN: _____

Non-tobacco user premium

- I certify that I am eligible for the Non-Tobacco-User Premium by checking this box and returning this form to PEBA. By checking this box, I certify truth and understanding of the following:
 - I certify that all persons covered on my health insurance coverage through PEBA (including myself and any dependents) are not currently using, and have not used, any tobacco products in any form (cigarettes, cigars, pipe, oral tobacco products, etc.) within the last six months.
 - I certify that if this information changes at any time in the future, while I have health insurance coverage through PEBA, I will notify PEBA of such change within 30 days through completion and resubmission of this form.
 - I certify that this information is true and correct to the best of my knowledge.
 - I understand that if it is determined that I (or any of my covered dependents) have used tobacco products within the last six months or if I (or any of my covered dependents) start using tobacco products subsequent to the date of this certification without notifying PEBA, I will be subject to penalties including, but not limited to, payment of premium difference since last certification plus a 10 percent penalty and elimination of tobacco user’s out-of-pocket maximum for current year and subsequent year.
 - I understand that this change in premiums will be prospective (apply only to premiums I pay in the future). I will not be refunded any part of the Tobacco-User Premium I have already paid.
- I certify that I am eligible for the Non-Tobacco-User Premium by checking this box and returning this form to PEBA Insurance Benefits. By checking this box, I certify truth and understanding of the following:
 - I certify that all covered individuals who use tobacco have completed the Quit for Life® smoking cessation program.
 - I certify that this information is true and correct to the best of my knowledge.
 - I understand that this change in premiums will be prospective (apply only to premiums I pay in the future). I will not be refunded any part of the Tobacco-User Premium I have already paid.

Tobacco user premium

- I acknowledge that I will pay the Tobacco-User Premium by checking this box. I declare that one or more persons covered on my health insurance coverage through PEBA uses tobacco products in some form or that I choose not to disclose my status as it relates to tobacco use. I understand that by not making an election I am choosing to pay the Tobacco-User Premium. Please do not send me this certification again unless upon request.

Subscriber signature: _____ Date: _____

Benefits administrator signature: _____ Date: _____

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