



STATE EMPLOYEE HEALTH PLAN (SEHP)
TOBACCO USE DECLARATION
PLEASE PRINT CLEARLY AND COMPLETE ENTIRE FORM

For
HR
Use
ONLY

EMPLOYEE ID #

STATE AGENCY #

NON STATE GROUP #

EFFECTIVE DATE

EMPLOYEE INFORMATION (EMPLOYEE MUST COMPLETE)

NAME (LAST, FIRST, MI)	MAILING ADDRESS <input type="radio"/> CURRENT ADDRESS <input type="radio"/> CHANGE OF ADDRESS	GENDER M F <input type="radio"/> <input type="radio"/>	DATE OF BIRTH (Mo/Day/Yr)
	STREET ADDRESS		
EMPLOYEE ID NUMBER	CITY, STATE ZIP	COUNTY	

TOBACCO USE STATUS (EMPLOYEE MUST COMPLETE) – SELECT ONE OPTION ONLY

1. I am a Tobacco User

- a. I agree to allow the State of Kansas Health Care Commission and/or Kansas Health Policy Authority to enroll me in a cessation program that I will complete, to their satisfaction, prior to the end of the 2009 plan year as a condition to obtaining the discount.

By making this election, I affirmatively declare that I am a tobacco user. However, prior to the end of the 2009 plan year, I will complete the tobacco cessation program in which I shall be enrolled by the State of Kansas Health Care Commission and/or Kansas Health Policy Authority. As a direct result of my agreement to complete this cessation program, I will receive the non-tobacco user discount for the 2009 plan year.

- b. I will not enroll in or complete a cessation program and understand that I will not get the discount.

By making this election, I affirmatively declare that I am a tobacco user and choose not to participate in the non tobacco user discount for the 2009 plan year.

2. I am not a Tobacco User

- By making this election I affirmatively declare that I will not use tobacco, in any form, during the 2009 plan year. I understand that even a single instance of tobacco use may constitute a fraudulent misrepresentation on my part and may subject me to penalties which may include, but may not be limited to, elimination of employer contribution to my health insurance premium.

3. I choose not to participate in the discount

- a. I choose not to disclose my status as it relates to tobacco use. I understand that by not making an election I am choosing not to participate in the non tobacco user discount for the 2009 plan year. No negative inferences shall be made based on my decision not to disclose my status.

EMPLOYEE AUTHORIZATION: By my signature below, I agree to the Terms and Conditions as listed on the reverse of this form.

SIGNED: _____
EMPLOYEE SIGNATURE – DO NOT PRINT

DATE: _____

AUTHORIZATION: TERMS AND CONDITIONS

Non Tobacco User Discount

1. I am a Tobacco User

- a. I agree to allow the State of Kansas Health Care Commission and/or Kansas Health Policy Authority to enroll me in a cessation program that I will complete, to their satisfaction, prior to the end of the 2009 plan year as a condition to obtaining the discount.

By making this election, I affirmatively declare that I am a tobacco user. However, prior to the end of the 2009 plan year, I will complete the tobacco cessation program in which I shall be enrolled by the State of Kansas Health Care Commission and/or Kansas Health Policy Authority. As a direct result of my agreement to complete this cessation program, I will receive the non-tobacco user discount for the 2009 plan year.

- b. I will not enroll in or complete a cessation program and understand that I will not get the discount.

By making this election, I affirmatively declare that I am a tobacco user and choose not to participate in the non tobacco user discount for the 2009 plan year.

2. I am not a Tobacco User

- a. By making this election I affirmatively declare that I will not use tobacco, in any form, during the 2009 plan year. I understand that even a single instance of tobacco use may constitute a fraudulent misrepresentation on my part and may subject me to penalties which may include, but may not be limited to, elimination of employer contribution to my health insurance premium.

3. I choose not to participate in the discount

- a. I choose not to disclose my status as it relates to tobacco use. I understand that by not making an election I am choosing not to participate in the non tobacco user discount for the 2009 plan year. No negative inferences shall be made based on my decision not to disclose my status.

- I have read and agree to the provisions in both the "State of Kansas Open Enrollment Booklet" and the "State of Kansas Benefits Guidebook" for the plan year in which I am enrolling.

- I am responsible for reviewing my benefit selections and the deductions for coverage on the State of Kansas Employee Service Center and/or my payroll statement. If there is an error on my payroll statement, I must contact my personnel officer or Membership Services within 14 working days in order to make any corrections. If I fail to take this action timely, I waive my right to correct my election for the remainder of the current plan year.

- I verify the information on the Tobacco Use Declaration Form to be complete and accurate to the best of my knowledge. I understand that my answers to the questions contained on this Enrollment Form will be used to determine eligibility for coverage. I further understand that if any material information misrepresented on this form regarding tobacco use status may subject me to penalties which may include, but are not limited to, elimination of employer contribution to my health insurance premium.

- I acknowledge that I have obtained a copy of this authorization.

- I agree that a reproduced copy of this authorization will be as valid as the original.