Tobacco User Certification Form

2017 Enrollment

An additional premium amount for individuals who are “tobacco-users” as defined below, and are covered under a Purdue University health plan is being added for 2017. All individuals who are covered under the health plans and have used tobacco in the last 12 months will pay an additional $500 for the employee/former employee and an additional $500 for a spouse covered under the plans. If you or your covered spouse have not used tobacco in the last 12 months, complete this form and return it to have the additional premium waived for future payrolls.

Send to:

Human Resources Service Center
Kurz Purdue Technology Center (KPTC)
1281 Win Hentschel Blvd., Suite 1100
West Lafayette, IN 47906

Check the employee certification and the spouse certification as appropriate. Options are available to complete a tobacco cessation program, approved by Purdue, and have the premiums lowered upon completion of such a program. For more information, contact Human Resources at (765) 494-2222, or your regional campus Human Resources office.

How is “tobacco user” defined?

A tobacco user is a person who has used tobacco in the past 12 months. Tobacco includes cigars, cigarettes, chewing tobacco, pipe tobacco or any other tobacco product. Nicotine replacement therapies are not considered tobacco usage.

EMPLOYEE CERTIFICATION:

___ I have not used tobacco products in the past 12 months.

___ I have used tobacco products in the past 12 months.

SPOUSE CERTIFICATION:

___ I do not cover a spouse on my Purdue medical insurance.

___ He/she has not used tobacco products in the past 12 months.

___ He/she has used tobacco products in the past 12 months.

TOBACCO USER CERTIFICATION:

I attest that this certification is accurate and true. I understand that if I have given inaccurate or false information on behalf of myself or my spouse, I will be required to pay additional premiums consistent with my status as a tobacco user.

__________________________ _________________________
Printed Name  Signature

__________________________ _________________________
PUID  Date