

# PURDUE UNIVERSITY

## Tobacco-User Certification Form

An additional premium amount for individuals who are “tobacco-users” as defined below, and are covered under a Purdue University health plan is applied to the health plan premium. 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.**

Please send this form to the attention of Rhonda Greear .

*Campus Mail: Human Resources - Benefits, KPTC*

*US Mail: Kurz Purdue Technology Center (KPTC) 1281 Win Hentschel Blvd., Suite 1100 West Lafayette, IN 47906*

*In-person drop-off: Stewart Center (STEW), Room G66 8AM- 5PMET Tuesday- Friday*

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, any other tobacco product, and electronic nicotine delivery systems (such as e-cigarettes). Nicotine replacement therapies such as the nicotine patch or nicotine gum are not considered tobacco usage.

### Please check both of the following survey questions as appropriate.

#### 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.

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Printed Name

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Signature

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Purdue University ID # (PUID)

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Date