



Auburn University Tobacco Usage Certification

For The Auburn University Health Plan

Employee Name (please print)	Address (City, State, Zip Code)	
Banner ID #	Date of Birth	Email address

If you are enrolled in the health insurance plan, you do not have to pay the \$20 per month tobacco premium if you certify that you (and your spouse/sponsored adult dependent, if applicable) are not tobacco users. Health insurance premiums shown in the Benefits-at-a-Glance already reflect the rates **without** the tobacco premium.

You must certify your tobacco use status to AU Human Resources, though you do not have to recertify every year.

If you are enrolled in the plan, have you used tobacco products within the last 3 months?

Yes No

If your spouse is enrolled in the plan, has your spouse used tobacco products within the last 3 months?

Yes No

If you have a Sponsored Adult Dependent who is enrolled in the plan, has your Sponsored Adult Dependent used tobacco products within the last 3 months?

Yes No

An alternative method for compliance is for the individual(s) who have used tobacco products to complete the "Pack it Up" tobacco cessation program sponsored by Healthy Tigers and the Auburn University Pharmaceutical Care Center. For more information call (334) 844-4099 or email aupcc4u@auburn.edu. Certified completion of the "Pack it Up" program will result in participation in the discounted non-tobacco rate upon the pay period following completion of the program and remittance of the Tobacco Usage Certification form.

EMPLOYEE CERTIFICATION

"I declare that the above information is true and accurate. I understand that I am responsible for notifying AU Human Resources immediately upon a change in tobacco use status for either me or my spouse (or Sponsored Adult Dependent, if applicable). I also understand that any employee submitting false information may be required to repay all discounts received and may be required to pay all assessed claims and expenses incurred by Auburn University related to false and/or misleading information."

Employee Signature

Date