

**USA HEALTH & DENTAL PLAN**  
**Tobacco Declaration Form**

The University of South Alabama encourages all employees to adopt healthy lifestyle choices. That effort will benefit you, your family and your fellow employees. The University's Fringe Benefits Committee has recommended, and the University adopted, a tobacco cessation program. This program is intended to help employees stop using tobacco products which will greatly improve their health. Tobacco use and especially smoking will increase your risk of heart disease, stroke, respiratory diseases such as emphysema and bronchitis, as well as cancer including: lung, throat, mouth, esophagus, pancreas, bladder, and leukemia. The benefits from stopping the use of tobacco are almost immediate regardless of how long you have been smoking or using tobacco.

Effective January 1, 2011, employees who declare that they and their covered spouse do not use tobacco, and have not used tobacco products within six months prior to the date of this form, will qualify for a wellness incentive of \$25 per month (one per family). The monthly wellness incentive will be applied to the USA Health & Dental Plan monthly premium.

Call **1-888-768-7848** to obtain information about the **Blue Cross Blue Shield - Quit for Life Program**. The Program is provided at no cost to employees and covered spouses who want to stop using tobacco products and offers a 24-hour support hotline, customized phone counseling sessions and nicotine replacement patches, gum or lozenges. As an additional incentive, the USA Health & Dental Plan will cover tobacco cessation prescription drugs, including waiving the copay for a two-month supply for the tobacco cessation drug Chantix.

**Tobacco Usage:**

If you are enrolled in single coverage, have you used tobacco products within the last 6 months?

Yes \_\_\_\_\_ No \_\_\_\_\_

If family coverage, have you or your spouse used tobacco products within the last 6 months?

Member: Yes \_\_\_\_\_ No \_\_\_\_\_ Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_

I declare that to the best of my knowledge and belief, the above information is true and accurate. I understand that I will be required to repay the USA Health & Dental Plan for any tobacco related insurance claims, all premium discounts and that my coverage under the USA Health & Dental Plan may be suspended for a period of up to six (6) months, if it is determined that I have not answered truthfully. I agree to notify Human Resources immediately if my or my spouse's tobacco status changes.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_ Employee J Number \_\_\_\_\_

Please return this declaration form to your Human Resources office.

**IMPORTANT**

**The wellness incentive will be applied in the following payroll check upon receipt of the completed declaration form.**

Human Resources – Campus  
USA TRP Bldg III, Suite 2200  
650 Clinic Drive  
Mobile, AL 36688-0002  
Phone (251) 460-6133  
FAX (251) 460-7483  
E-mail: [hmaincampus@usouthal.edu](mailto:hmaincampus@usouthal.edu)

USA Medical Center  
Human Resources  
2451 Fillingim St  
Mobile, AL 36617-2293  
Phone (251) 471-7325  
Fax (251) 471-7075  
E-mail: [hrusamc@usouthal.edu](mailto:hrusamc@usouthal.edu)

USA Children's and Women's  
Human Resources  
1700 Center St  
Mobile, AL 36604-3391  
Phone (251) 415-1604  
Fax (251) 415-1606  
E-mail: [hrusacw@usouthal.edu](mailto:hrusacw@usouthal.edu)