

**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 adopted a tobacco cessation program which is intended to help employees stop using tobacco products. 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.

**Employees who declare that they and their covered spouse do not use tobacco products; and have not used tobacco products within six months prior to the date of this form, will qualify for a wellness incentive of \$50 per month (one per family). The wellness incentive will be applied to the monthly insurance 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.

Contact your Human Resources office or visit the HR website for additional tobacco cessation resources at:  
<http://www.southalabama.edu/departments/financialaffairs/hr/index.html>

**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 use status changes.

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

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

Please return this declaration form to your Human Resources office.

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

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*The University of South Alabama is committed to helping you achieve your best health. The Wellness Incentive is available to all employees. If you think you might be unable to meet the standard under this Wellness Program, you may qualify for an opportunity to earn the same reward by different means.*

Contact the USA Human Resources Department for additional information.