



North Carolina
State Health Plan

for Teachers and State Employees

www.shpnc.org

Tobacco Attestation Form

- Employees who want to enroll in the 70/30 Basic Plan do not have to complete this form.
- Employees who qualify and want to enroll in the 80/20 Standard Plan must complete this form by checking the appropriate box, signing and dating this form and submitting it with the enrollment application.

Employee Last Name

Employee First Name

Social Security Number

Employee Phone Number

I. Check the box that applies:

1. I and, if applicable, the dependent(s) I will be covering listed on the enrollment application do not use tobacco products. Please enroll me and my eligible dependents in the 80/20 Standard Plan. I understand that I and, if applicable my spouse may be subject to tobacco use testing and consequences* (detailed below) if I refuse testing or test positive for tobacco use.
2. I and/or the dependent(s) I will be covering listed on the enrollment application qualify for an exemption due to participation in a tobacco cessation program. Please enroll me and, if applicable, my eligible dependents in the 80/20 Standard Plan. I understand that I may be asked to submit a Physician Certification Form(s) verifying that I and/or my covered dependents are participating in a tobacco cessation program. To confirm exemption eligibility, I must do each of the following:
- Download the Physician Certification Form from www.shpnc.org or ask my Health Benefits Representative for a copy and then fill out the "Member Section" on the form. A separate form is required for each member participating in a cessation program.
 - Ask my physician, nurse practitioner, physician assistant or QuitlineNC to complete, sign and date the Physician Certification Form(s) or the Letter of Enrollment from QuitlineNC indicating that I and/or my covered dependents are participating in a tobacco cessation program and the date the program began.
 - Keep the completed certification form(s) for my records in case the Plan asks me to submit the form(s).
 - Upon request of the Plan, submit the form(s) within 15 business days from the date of request. If I submit a completed form(s) on or before the deadline, I will remain in the 80/20 Standard Plan. If I do not submit a completed form(s) on or before the deadline, I will be subject to consequences* (detailed below). The start date for the tobacco cessation program must be prior to the date of the request for submission of the Physician Certification Form or Letter of Enrollment.

Consequences

I understand that I and my covered dependent(s), if applicable, will be moved from the 80/20 Standard Plan to the 70/30 Basic Plan and will forfeit any coinsurance and deductibles already paid under the Plan during the benefit year. I and my covered dependents will be eligible to enroll only in the 70/30 Basic Plan for the next benefit year. Please see www.shpnc.org for information on appeal rights.

II. Please Sign Below

I understand this is a legally binding document and I attest that the above information is accurate to the best of my knowledge. This attestation is not considered complete unless I have checked the box relevant to me and my covered dependent(s) listed on the enrollment application and have signed and dated the form.

Employee Signature

Date

If you have questions, please contact your Health Benefits Representative (HBR), call Customer Services (1.888.234.2416) or visit the State Health Plan Web site at www.shpnc.org.
Failure to complete the Attestation Form will automatically result in enrollment in the 70/30 Basic Plan.