

Tobacco Use Affidavit

This form is used to determine your premium rate. You are only eligible for the lower non-tobacco user rate after you can attest that you use tobacco products, on average, less than four (4) times per week for six (6) months or longer.

How to submit this form

By Mail:

Chorus Community Health Plans
 P.O. Box 1997 - MS6280
 Milwaukee, WI 53201-1997

By Fax:

1-844-201-4673

For more information, please contact Customer Service:

- Phone: 1-844-201-4672
- Online: chorushealthplans.org

Tobacco Use Information

| Member Name: | Member ID / SSN: |
|---|------------------|
| <p>I have used tobacco products an average of four or more times per week within the past six months. Yes No</p> <p><i>Note: Tobacco use includes all types of tobacco including smokeless tobacco. Tobacco use does not include religious or ceremonial uses of tobacco.</i></p> | |

By signing this form, I certify the following:

1. I have truthfully checked the Yes or No box above to accurately reflect my tobacco product usage in the last six months.
2. I understand that tobacco products include cigarettes, cigars, chewing or pipe tobacco or any other tobacco products regardless of the frequency or method of use.
3. I understand that if I currently use tobacco products and stop using tobacco products in the future, I will be eligible for the lower non-tobacco rate the month following CCHP's receipt of a new Tobacco Use Affidavit certifying that I have not used tobacco products an average of more than four or more times per week within the past six months.
4. I understand that if I fail to complete this Affidavit truthfully, CCHP may adjust my premium charges retroactively for the applicable higher tobacco-user rate. Upon written notification, I must reimburse CCHP any amounts reduced from my premiums for the period for which I falsely certified eligibility for the non-tobacco user rate.
5. I understand that if I state on this form that I do not use tobacco products, I could be asked at a later date to supply a certification from my physician that I am not a tobacco user.

Member Signature

Date