



WELLNESS

"Supporting Healthy Lifestyles"

TOBACCO-FREE CREDIT

Affidavit Form 2012

Earn Credit Toward 2012 Medical Plan Deductible

As part of Butler Health Plan Wellness, we encourage our members to achieve a healthier lifestyle. Employee and/or spouses can each earn a \$150 credit toward their medical plan deductible if they are tobacco-free or commit to becoming tobacco-free. Eligible members must sign this affidavit and send this completed form to Allied Benefit Systems or complete online during Open Enrollment, November 7-18, 2011.

Allied Benefit Systems, , Inc.
Attn: Eligibility Department
P.O. Box 909786-60690
Chicago, IL 60690
Fax: 1-312-906-8879

Employee Name: _____

Spouse Name: _____

Last (Print please)

First (Print please)

BHP Member ID or SSN: _____

A tobacco user is defined as any employee/or spouse who has used tobacco products in the last three months. "Tobacco products" include, but are not limited to, cigarettes, cigars and chewing tobacco.

Please indicate which of the following applies:

- I, Employee, have not used tobacco of any kind in the last three months.
- I, Employee, have used tobacco products and have already enrolled in a Tobacco Cessation Program by contacting Tracey Taylor (513-551-1437).
- I, Employee, am a tobacco user and understand I do not qualify for the credit.

- My spouse has not used tobacco of any kind in the last three months.
- My spouse has used tobacco products and has already enrolled in a Tobacco Cessation Program by contacting Tracey Taylor (513-551-1437).
- My spouse is a tobacco user and understands he/she does not qualify for the credit.

My signature below indicates that the information provided on this form is accurate and true. I further certify that if this information changes I will notify the Plan of the change in writing.

Employee Signature: _____

Date: _____