



**Office of Management and Enterprise Services
Employees Group Insurance Division**

**HEALTHCHOICE HIGH & BASIC PLANS
TOBACCO-FREE ATTESTATION FOR PLAN YEAR 2014**

By completing this Attestation, I certify that I understand and confirm that the following information is true and correct to the best of my knowledge:

- Neither I nor any of my dependents covered under a HealthChoice health plan are currently using, and have not used, any tobacco products within the past 90 days. This includes, but is not limited to, cigarettes, cigars, pipes, chewing tobacco, etc.

I also understand that:

- My and/or my covered dependents' eligibility for the HealthChoice High or Basic plan is based on this Attestation;
- Misrepresentation on this Attestation constitutes fraud and may result in:
 - Loss of HealthChoice eligibility;
 - Repayment of any financial incentives provided by HealthChoice based on this Attestation; and
 - If prosecuted and convicted, punishment by fines and/or imprisonment;
- HealthChoice has the right, at its expense and sole discretion, to require specific medical evidence to support my Attestation; and
- If my or my covered dependents' tobacco use changes, I will notify HealthChoice that I am revoking my Attestation.

Member's Name _____ Member's ID/SSN _____
(Please Print)

Member's Date of Birth _____ Employer _____

Signature _____ Date _____

Return this Attestation to: HealthChoice
3545 N.W. 58 Street, Ste. 110
Oklahoma City, OK 73112

If you cannot complete this tobacco-free Attestation because you and/or your covered dependents are not tobacco-free, you can still qualify for the HealthChoice High or HealthChoice Basic plan if you can show proof of an attempt to quit using tobacco by enrolling in the quit tobacco program available through the Oklahoma Tobacco Helpline and Alere Wellbeing and completing three coaching calls or providing a letter from your doctor indicating it is not medically advisable for you or your covered dependents to quit tobacco. One of these options must be received by the required deadline for you to be eligible for the tobacco-free plans. See your Option Period material for more information.