



Health Insurance Plan – Tobacco Use Affidavit

This form must be completed and returned by employees who complete the 2021 Benefit Election form and are electing or are making changes to their health insurance through LMG. Employees who have used tobacco products within the last 6 months will be subject to the 10% surcharge in health insurance premium in 2021.

Employees are encouraged to complete this form at any time during the plan year once they have achieved 6 months without use of tobacco products.

Employee Name: _____	Practice: _____	
Last	First	Middle

NON-TOBACCO-USER PREMIUM

- I certify that I am eligible for the Non-Tobacco-User Premium by checking this box and returning this form to LMG HR.

By checking the box above, I certify truth and understanding of the following:

- ✓ I certify I am not currently using, and have not used, tobacco products in any form (cigarettes, cigars, pipe, oral tobacco products, etc.) within the last 6 months.
- ✓ I certify that if this information changes at any time in the future, while I have health insurance coverage through LMG, I will notify LMG of such change within 30 days through completion and re-submission of this form.
- ✓ I certify that this information is true and correct to the best of my knowledge.
- ✓ I understand that if it is determined that I have used tobacco products within the last 6 months or if I start using tobacco products subsequent to the date of this certification without notifying LMG, I will be subject to penalties including, but not limited to, payment of premium difference since last certification plus a 10% penalty.
- ✓ I understand that all premium changes will be prospective. I will not be refunded any part of the Tobacco-User Premiums I have already paid.

TOBACCO-USER PREMIUM

- I acknowledge that I will pay the Tobacco-User Premium by checking this box. I declare that I use or have used tobacco products in the last 6 months or that I choose not to disclose my status as it relates to tobacco use. I understand that by not making an election I am choosing to pay the Tobacco-User Premium. Please do not send me this certification again unless upon request.

Employee Signature

Date

Human Resources

Date