



**Tobacco Cessation / Physician Affidavit Form**

Hendrick employees and their participants who are covered on a Hendrick medical plan and have used tobacco products in the last 12 months will incur a tobacco surcharge. To be eligible to remove this surcharge, the covered participants must complete an approved tobacco cessation program **OR** submit a physician affidavit attesting the participant has been tobacco free for 3 months or that it is not medically advisable to stop using tobacco products at this time. Tobacco products include, but are not limited to: cigarettes, vaping, cigars, pipes, hookah, chewing tobacco, and dip.

**Participant Section:** (Please complete this section prior to submitting your Affidavit)

<b>Is this affidavit for Employee or Spouse</b> (circle one):    Employee   /   Spouse	
<b>Employee/Lawson #</b> (if participant is a spouse, include the Employees Lawson #):	
<b>Participant Name</b> (Printed):	
<b>Participant Date of Birth:</b>	
<b>Employee Email:</b>	
<b>Employee Signature:</b>	<b>Date:</b>

**Tobacco Cessation Program:**

If you completed an approved tobacco cessation program, complete this form, check the box below, attach the Tobacco Cessation Certificate of Completion and send to Hendrick HR Benefits.

I have completed an approved tobacco cessation program and documentation of completion is attached.

**OR**

**Physician Section** (if appropriate):

Please check one of the boxes below. Employee must send this completed form to Hendrick HR Benefits.

- Participant is my patient and has ceased using tobacco products and has been tobacco free for 3 or more months.
- Participant is my patient and it is **NOT** medically advisable for him/her to cease using tobacco products at this time.

<b>Healthcare Provider Name</b> (Printed):	<b>Phone number:</b>
<b>Specialty:</b>	
<b>Healthcare Provider Signature:</b>	<b>Date:</b>

The tobacco surcharge will be removed on the first of the month following submission of this form to Hendrick HR Benefits.

**Hendrick HR Benefits**

1900 Pine St. Abilene, TX 79601

Scan and Upload: [hendrick.health/employeebenefits](http://hendrick.health/employeebenefits) (request receipt for your records)

Fax: (325) 670-2540 (save receipt for your records)

Congratulations on taking steps to be a healthier you!

FOR HR USE Only				
Date Received:	<input type="checkbox"/> BN32.1	<input type="checkbox"/> Affidavit Log	Processed By:	Date: