

Tobacco Status Form

Please fill out this form on behalf of your employee(s) and their dependents or have your employee(s) fill this form out on behalf of themselves and their dependents. Please keep in mind:

- A “tobacco user” is defined as one who consumes tobacco products four or more times a week and has done so within the last six months.
- You are only required to report tobacco status for dependents who are aged 21 or older.
- This form is strictly for gathering tobacco status information. Any enrollment edits, additions, terminations etc. must be submitted via the normal channels for processing.

Group Name: _____ Group/CID/Account #: _____

Employee Name	Spouse/Dependent Name	Date of Birth (MM/DD/YYYY)	Select only one of the 3 choices below.		
			I do not use tobacco products.	I use tobacco products, but I am in a certified cessation program.	I use tobacco products and I am not in a certified cessation program.

By completing and signing this form, you certify that the tobacco status indicated is accurate as of the date of the signature. **So certified:**

Print Benefits Administrator/Employee Name

Signature

Date

Once completed, return to Independence Blue Cross - Underwriting Control via fax or email.

Fax to: 215-761-0260

Email to: sgtobaccostatus@ibx.com