



Missouri Consolidated Health Care Plan
 573-751-0771 · 800-487-0771 · www.mchcp.org
 832 Weathered Rock Court, Jefferson City, MO 65101



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 Jefferson City, MO 65110-4355

MCHCP Use Only

ST TFA

2016 Tobacco-Free Promise

Instructions

To receive the monthly premium reduction, subscriber and spouse must submit either the Tobacco-Free or Quit Tobacco Promise form. Separate forms for the subscriber or spouse may be submitted.

Section 1 – Subscriber Information

Name (Last, First, Middle Initial):			MCHCPid (Provide either MCHCPid or Social Security Number)
_____			_____
Address:			or Social Security Number:
_____			_____
City:	State:	ZIP Code:	Date of Birth (MM/DD/YYYY):
_____	_____	_____	____/____/____

Section 2 – Spouse Information (if eligible)

Name (Last, First, Middle Initial):	Date of Birth (MM/DD/YYYY):
_____	____/____/____

Section 3 – Tobacco-Free Promise (for Non-Tobacco Users)

- I have not used tobacco products in the previous three months and will not use tobacco products through December 31, 2016.
- I understand that the Incentive begins the first day of the second month after MCHCP receives this form but no earlier than January 1, 2016, and it will end December 31, 2016.
- I understand that I may lose the Incentive by using tobacco products, and that once it is lost, it cannot be renewed until the following plan year.
- I understand that if I begin using tobacco products, I must notify MCHCP by phone, fax or mail immediately. MCHCP will increase my medical premium by \$40 beginning the second month after I notify MCHCP.
- I understand this is a legally binding document and that under Missouri law (§103.057 RSMo) I could be subject to fines or imprisonment if I knowingly make a false statement in an attempt to defraud MCHCP. With that knowledge, I hereby attest that my statement about my tobacco use status is accurate.

Section 3 – Signature

I attest to being Tobacco-Free.

Subscriber Signature:	Date (MM/DD/YYYY):
_____	____/____/____

I attest to being Tobacco-Free.

Spouse Signature:	Date (MM/DD/YYYY):
_____	____/____/____