



NON-TOBACCO USER AFFIDAVIT FORM

Return this completed form to your agency benefits coordinator.
If you are not an active employee, send to:

ERS
Customer Benefits
P.O. Box 13207
Austin, Texas 78711-3207
or fax to (512) 867-7438
(866) 399-6908 Toll-free

Information provided to ERS is maintained for administration of your benefits.

If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify ERS.

Policyholder/Participant Name:	Employee ID or SSN (last 4 digits only):

By submitting this form, I certify that the following persons enrolled in my health care coverage are eligible for the Non-Tobacco User Premium:

- Policyholder/Participant/Self
- Spouse
- Dependent Child/ren

Name(s): _____

By signing this form, I certify the truth and my understanding of the following:

- I understand that "Tobacco Products" are defined as cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, or any other products that contain tobacco.
- I further understand that a "Tobacco User" is defined by ERS as a person who has used any Tobacco Product five (5) or more times within the past three (3) consecutive months.
- I certify that all persons identified above are NOT currently Tobacco Users, as defined.
- I understand that if it is determined that I (or any of my covered dependents) have used Tobacco Products as a Tobacco User, as defined above, or if I (or any of my covered dependents) start using Tobacco Products without notifying ERS, I will be subject to monetary penalties and may be terminated from participation in the GBP.
- I understand that all premium charges will be prospective. I will not be refunded any part of the Tobacco User premiums I have already paid.
- By signing this statement, I acknowledge under the penalties of perjury, that the above are true and accurate statements.

Member Signature _____ Date _____