

Tobacco Usage Form

How to complete and return this form

Fill out the table below. If your plan covers your spouse, partner or a dependent child who's 18 or older, add their information too. Don't forget to sign the form when you are done.

What does "tobacco user" mean?

The Affordable Care Act defines "tobacco user." You're a tobacco user if you've used any type of tobacco products four or more time a week in the last six months, excluding religious or ceremonial use. **Don't use this form for plan changes;** only use it to tell us about your tobacco use. If you need to make a change to your plan (such as adding a dependent or ending your coverage), call us at 1-800-868-2500 ext. 41010, or email us at Group.Membership@bcssc.com.

Name	Is this person the Employee or a covered Spouse or Dependent?	Date of Birth MM/DD/YYYY	Put an "X" in the correct box. Choose only one.		
			I don't use tobacco	I use tobacco, but I'm in a certified program to help me quit ***	I use tobacco and I'm NOT in a certified program to help me quit

*** If you are in a program to help you quit, please list the Name of the Program and the Start Date:

Sign the form

By signing this form, I'm saying the information I've provided about my and my family's tobacco use is true.

Print Your Name

Sign Your Name

Date

Print Your Employer's or Group's Name