



Tobacco Use Attestation Form

Member First Name:		Member Last Name:	
Member ID # (if known)			

Please answer the following questions to the best of your knowledge. 45 CFR 147.102(a)(1)(iv) "For purposes of this section, tobacco use means use of tobacco on average four or more times per week within no longer than the past 6 months. This includes all tobacco products, except that tobacco use does not include religious or ceremonial use of tobacco. Further, tobacco use must be defined in terms of when a tobacco product was last used." Has anyone named in this application used tobacco or smokeless tobacco during the past 6 months? If yes, provide the information requested below

Name of Person	Used Tobacco Products	If Yes, check all that apply	Duration	Frequency
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cigarettes <input type="checkbox"/> Chewing Tobacco <input type="checkbox"/> Pipe/Cigars		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cigarettes <input type="checkbox"/> Chewing Tobacco <input type="checkbox"/> Pipe/Cigars		

I hereby attest that I ceased use of all tobacco products as defined above on: _____
Date

Signature of Member: _____ Date Signed: _____

Any resulting change in premium will be effective the first of the following month after receipt of this form.