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Tobacco Use Affidavit

This form is used to determine your premium rate. Beginning January 1, 2010, you are only eligible for the lower non-tobacco user rate after you certify that you have been tobacco-free during the prior 12 months.

TOBACCO USE INFORMATION

Check the applicable box below:

➤ I have used tobacco products during the prior 12 months. Yes No

NOTE: Tobacco products include cigarettes, cigars, chewing or pipe tobacco or any other tobacco products regardless of the frequency or method of use.

By signing this form, I certify the following:

1. I have truthfully checked the Yes or No box above that accurately reflects my use of tobacco products in the prior 12 months.
2. I understand that tobacco products include cigarettes, cigars, chewing or pipe tobacco or any other tobacco products regardless of the frequency or method of use.
3. I understand that the higher tobacco user rate will apply beginning January 1, 2010, if I checked "Yes" or if I do not return this form by December 10, 2009.
4. I understand that if I currently use tobacco products and stop using tobacco products in the future, I will be eligible for the lower non-tobacco user rate the month following WSHIP's receipt of a new Tobacco Use Affidavit certifying that I have not used tobacco products during the prior 12 months.
5. I understand that if I fail to complete this Affidavit truthfully, WSHIP may adjust my premium charges retroactively for the applicable higher tobacco-user rate. Upon written notification, I must reimburse WSHIP any amounts reduced from my premiums for the period for which I falsely certified eligibility for the non-tobacco user rate.

X

Signature

Date Signed

Printed Name _____