



City of Houston Benefits Tobacco Usage Discount Form

611 Walker, Houston, TX 77002-0248 | 832-393-6000 | 832-395-9409

benefits@houstontx.gov | cityofhoustonbenefits.org

Print or type with blue or black ink only					
Employee ID	Department	Social Security Number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name	Last Name	M.I.	Contact Number	Work Number	
Address		Apt. No.	City	State	Zip

If you and/or your dependents do not use tobacco products, you qualify for the monthly non-tobacco user discount of \$35 per non-tobacco user. If you and/or any of your dependents indicated tobacco use, you will not be eligible for the non-tobacco user discount. Tobacco usage is defined as the use of any tobacco product four or more times per week within the past six months.

Initial the appropriate boxes below to indicate whether or not you or your covered dependents use tobacco products.

Non-tobacco User	
<input type="checkbox"/>	I attest that neither I nor my covered dependents have regularly used a tobacco product in any form (cigarettes, cigars, pipes, e-cigarettes, oral tobacco, etc.) within the last 60 days.

Tobacco User					
<input type="checkbox"/>	I acknowledge that I regularly use a tobacco product in some form (cigarettes, cigars, pipes, e-cigarettes, oral tobacco, etc.).				
<input type="checkbox"/>	I acknowledge that my covered dependent regularly uses a tobacco product in some form (cigarettes, cigars, pipes, e-cigarettes, oral tobacco, etc.).				
<table border="1"> <tr> <td>Dependent's First Name</td> <td>Dependent's Last Name</td> <td>M.I.</td> <td>Relationship</td> </tr> </table>		Dependent's First Name	Dependent's Last Name	M.I.	Relationship
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<input type="checkbox"/>	I am interested in receiving information about tobacco cessation programs offered by the plan.				

Completion of Tobacco Cessation Program					
By enrolling and participating in a smoking/tobacco cessation program, you may become eligible for the monthly non-tobacco user discount of \$35 per participant. In order to be eligible for the discount, previously indicated tobacco users on the medical plan must participate in a smoking cessation program. Smoking/tobacco cessation programs must be facilitated or validated by the City of Houston.					
<input type="checkbox"/>	I attest that I have completed a city-approved tobacco cessation program on ___/___/___.				
<input type="checkbox"/>	I attest that my covered dependent has completed a city-approved tobacco cessation program on ___/___/___.				
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I certify that all information provided by me on this form is complete and accurate. I am aware that a change in the voluntary tobacco usage discount may affect the amount deducted from my wage. I hereby authorize the City of Houston to deduct the medical contribution from my wages.

Employee Signature _____ Contact Phone _____ Date _____

THE STATE OF _____
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_ COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this _____ day of _____ 20____ A.D.

(SEAL)

Notary Public Signature _____