

UAMS Tobacco* Pledge and Notice

The University of Arkansas recognizes the value and importance of a tobacco-free workplace. We have created a program to encourage and assist employees in ending their use of tobacco.

Beginning in January 2019, if you are enrolled in a University Health Plan, you currently use tobacco products, and you decline to participate in a recognized tobacco cessation program, the University will deduct **\$50 per month, or \$23.08 if you are paid biweekly**, from your pay as a tobacco surcharge.

The tobacco surcharge applies to you if you use tobacco products. It does not apply to your covered spouse or child(ren).

Tobacco cessation assistance is available through UMR, the University's Health Plan administrator, at no cost to you. You may also use other formal tobacco cessation programs, including but not limited to UA Little Rock Health Services, Pat Walker Health Center, UAMS or other hospital/clinic based program, SOS Quit Now, Quit for Life, American Cancer Society or any Arkansas Department of Health programs.

Chantix, patches, gum, and/or up to two office visits with your in-network primary care physician, are provided at no cost to you, through your health plan. Important: Your provider's office visit claim must be coded as a visit for tobacco cessation in order for the zero copay to apply. (Zero copay office visits for tobacco cessation are limited to two per year).

* "Tobacco" includes any form of tobacco products that are smoked (e.g., cigarettes, cigars, pipes); applied to the gums, chewed, or ingested (e.g., dipping or chewing leaf tobacco); and/or inhaled (e.g., snuff, vaporizers or electronic cigarettes).

PLEASE CHECK ONE OF THE FOLLOWING THREE BOXES:

If you are a non-tobacco user and/or you quit tobacco within the past 12 months:

I attest that I am not a tobacco user, I will continue to NOT USE tobacco products and understand that I will not be charged a Tobacco Surcharge.

If you are a current tobacco user:

I attest that I am currently a tobacco user and I am willing to enroll in and complete a formal "Tobacco Cessation Program" so I will not be charged a Tobacco Surcharge.

For other current tobacco users:

I choose not to participate in a smoking cessation program. **Therefore, I understand that I will be charged a \$50 monthly/\$23.08 biweekly tobacco surcharge.**

By signing below, I indicate that the above information is true. I also understand that if I provide false information on this Pledge and Notice, my doing so may be considered insurance fraud. Insurance fraud is generally defined as the "intentional misrepresentation of material facts and circumstances to an insurance company to obtain payment that would not otherwise be made." Disciplinary action will be taken, up to and including termination, should this occur.

Employee Signature

Soc. Sec. Number or ID #

Date

Electronic Signature: I understand that checking this box serves as an electronic signature.

I acknowledge and agree that this document may be executed by an electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature.

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