

Send this completed form to:
Employees Retirement System of Texas
P.O. Box 13207
Austin, Texas 78711-3207
or Fax: (512)867-7438

**Information provided to ERS is maintained for managing your benefits.
If you have questions about your information, or believe that information provided
to ERS may be incorrect, please notify your benefits coordinator or ERS.**

You must certify your status as a tobacco-user or non-user as well as the status of any of your dependents enrolled in a Texas Employees Group Benefits Program (GBP) health insurance plan, even if you and your covered dependents don't use tobacco. For more information, visit www.ers.texas.gov/Employees/Health/Tobacco_Policy/

Tobacco Use Certification (effective the first of the month following the date this form is received by ERS).

Name	Relationship to Employee	Tobacco Use
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

You must certify your understanding and agreement to the following:

- "Tobacco products" are cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip or any other products that contain tobacco and a "tobacco-user" is a person who has used any tobacco products five or more times within the past three consecutive months.
- If I (or any of my covered dependents): 1) have used tobacco products as a tobacco-user; or 2) start using tobacco products without notifying ERS, I will be subject to monetary penalties and may be terminated from participation in the GBP.
- Under the penalties of perjury, the above information is true and correct. Providing or entering false information may disqualify me from continued coverage in the GBP. If I intentionally misrepresent material facts or engage in fraud, my coverage may be rescinded retroactively to the date of the misrepresentation or fraudulent act. In that event, I will receive thirty days notice before my coverage is rescinded. Further, if I or any of my covered dependents start using tobacco products without notifying ERS, I will be subject to monetary penalties and such failure to notify ERS will constitute fraud.

Member Name _____ Last four digits of Social Security Number _____

Signature _____ Date _____

You will pay \$30, \$60 or \$90 each month in addition to any GBP health insurance premiums you are paying, depending on how many tobacco users you cover.

Tobacco User(s)	Monthly fee
You only	\$30
Spouse only	\$30
Child* only	\$30
You + spouse	\$60
You + child*	\$60
Spouse + child*	\$60
You + spouse + child* (Family)	\$90

**Note: The charge for a child is the same regardless of how many children in the household use tobacco.*

If you are a tobacco-user, you may be able to participate in an alternative to the tobacco-user premium, if it is right for your health status and complies with your doctor's recommendations. Please visit www.ers.texas.gov/Employees/Health/Tobacco_Policy/ for more information.