



Tobacco Free Reasonable Alternative Form

INSTRUCTIONS

If you were not tobacco free during Spring Annual Enrollment and therefore not eligible for the 2021/22 Healthy Lifestyle Premium Discount #1 valued at \$20.00 per pay period, you may complete one of the reasonable alternatives to become eligible to receive the full, annual premium discount retroactive to the beginning of the plan year.

Reasonable Alternatives:

- Complete the Aetna Healthy Lifestyle Coaching Tobacco Free Program
- Provide proof of working with a primary care provider to quit tobacco products (ex. signed letter)

EMPLOYEE INFORMATION

EIN

EMPLOYEE NAME

I completed the Aetna Healthy Lifestyle Coaching Tobacco Free Program _____ (date).

I have been working with my primary care provider to quit tobacco products since _____ (date).
(please attach proof from primary care provider)

I understand that I must re-certify my tobacco free status each year via the online Spring Annual Enrollment process to continue to receive the Health Lifestyle Premium Discount #1 the following fiscal year. If I am not tobacco free at that time, I may complete a reasonable alternative once per year to receive the discount.

(employee signature), _____ (date)

SUBMIT TO PIMA COUNTY EMPLOYEE WELLNESS

- **Email:** wellness@pima.gov
- **Fax:** (520) 724-8150
- **Mail:** 150 W. Congress, 4th Floor



It is your responsibility to keep a copy of this completed form for your records. Any fraudulent representation of this form merits termination of your benefits eligibility and that of your dependents' benefits eligibility rendering invalid all benefits under the plan and requiring repayment of any benefit received pursuant to such misrepresentation or misstatement.