



## Maricopa County Tobacco User Status Change Request

I am requesting a change in my Tobacco status:

I certify that I am a Tobacco User.

Please **print** your name as it appears on your badge.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Employee ID Number 81 \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand that a Tobacco User means the occasional or regular use of a tobacco product including cigarettes, cigars, pipes, snuff, chewing tobacco, e-cigarettes and any other product containing tobacco.

I understand that by signing this Status Change request that I am indicating that I am Tobacco User, despite previously testing and affirming, this Plan Year, as being Tobacco Free. I further understand that by signing this document that my Non-Tobacco User Premium Reduction will be discontinued for the remainder of the Plan Year.

Maricopa County encourages employees to be Tobacco Free. To assist Tobacco Users to become Tobacco Free many resources are available. Visit the Wellness Works website to learn about the Tobacco Cessation Programs offered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please indicate all information above, provide your signature and date this form and return it by:

- Emailing to: [BenefitsService@mail.maricopa.gov](mailto:BenefitsService@mail.maricopa.gov)