CHOOSE TO QUIT CERTIFICATION FORM

rovided to the Employees Retirement System of Texas (ERS) is maintained in accordance with the privacy rds of the Health Insurance Portability and Accountability Act (HIPAA) to help manage your benefts. ions about your information, or believe that information provided to ERS may be incorrect, please notify ERS.

ee/Retiree Name: First, MI, Last	Last Four Digits of Employee/Retiree's Social Security Number (SSN)
	XXX-XX-
cipant Name: First, MI, Last	Participant Birth Date:
ticipant who completed the program)	(mm/dd/yyyy)

ne Texas Employees Group Benefts Program (GBP) on behalf of State of Texas employees, retirees, retain higher education employees, their eligible dependents and certain others included in Chapter nsurance Code. Efective January 1, 2012, the Texas Legislature enacted Texas Insurance Code uire ERS to implement a monthly tobacco-user premium for GBP participants who use one or more Tobacco Product" is defined as all types of tobacco, including but not limited to, cigarettes, cigars, ing tobacco, snuf, dip, and all e-cigarettes/vaping products, and a "tobacco-user" is considered to as used any tobacco product five or more times within the past three consecutive months. In the a tobacco-user or non-tobacco user changes during the plan year, you should update your tobacco nium will be adjusted accordingly.

co-user is unable to achieve or maintain a tobacco-free lifestyle, the GBP has established Choose e standard for a tobacco-user to meet to avoid the premium associated with tobacco use.

obacco counseling only and coded by the physician as to plan at no cost to you.

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Ch	noose to Quit Physician Certif cation Form:
ı	certify that:
	• I am a licensed physician (M.D. or D.O.) who oversees the medical care of
	Patient Name
	• I am supervising the above-named individual's participation in the Choose to Quit program.
	• My patient has satisfed the Choose to Quit program standards by attending at least two physician of ce visits My toatien to have satisfing clatted examplishing ad for C s. im M ici
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