

Tobacco Surcharge

Beginning in the FY13 Plan Year, the University of Alaska will implement a tobacco surcharge. Employees enrolled on the UA Choice health care plan will be required to pay \$600 per year in addition to the employee health care charge if they or their dependents use tobacco products.

The tobacco surcharge will apply if the employee does not request a waiver. The surcharge will be waived for those employees who certify that tobacco products are not used or if the employee/dependent is actively enrolled in a tobacco cessation program. The details of the program and eligibility are outlined below.

- Tobacco is defined as cigarettes, pipes, cigars, chewing or smokeless tobacco.
- "Non-tobacco user" is defined as a person who has not used tobacco for at least six months before the date the enrollment certification is signed.
- To have the surcharge waived, employees enrolled on the health plan must certify that they and their dependents are non-tobacco users or that they are tobacco users enrolled in a tobacco cessation program.
 - If the employee/dependent has used tobacco products in the prior six months before the tobacco use certification is signed and if the tobacco user enrolls and is participating in a designated tobacco cessation program by the due date for submission of the certification, the surcharge will be waived.
 - If it is unreasonably difficult due to a medical condition, or if it is medically inadvisable for the employee/dependent to achieve the standards under this program, the employee is asked to contact [INSERT NAME, TITLE AND PHONE NUMBER] to develop another method to qualify for a waiver.
- Employees can receive a waiver for the surcharge for the next plan year by completing a certification of non-use or tobacco cessation program enrollment/participation [INSERT NAME OF FORM IN BOLD AND ADD LINK TO FORM] during open enrollment. Another mid-year opportunity to complete a certification will occur between November 1-30 each year. Employees who are eligible for a waiver following the midyear certification will have their tobacco surcharge halted during the first full payroll period of January.
- Employees enrolled in the medical plan must submit a completed certification during Open Enrollment or during the November opportunity, if they wish to apply for a waiver of the tobacco surcharge.
- An employee who submits inaccurate or false information on a certification regarding eligibility for a waiver of the tobacco surcharge may be subject to having the surcharge applied retroactively for the applicable plan year, and possible discipline for dishonesty and falsification of documents.



UNIVERSITY
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University of Alaska
Tobacco Surcharge Waiver

Employee ID	TKL	Work Phone
Last Name	First	M.

Complete this certification in order to qualify for the Tobacco Surcharge Waiver. Please refer to UA's Tobacco Surcharge Guidelines for additional information [\[LINK\]](#) Please keep a copy of this certificate for your records and send the original to your regional HR office by the published deadline. **If you do not timely request a waiver, you will be charged the tobacco surcharge through payroll deductions.**

Employee Certification

Check the categories that apply to you

_____ I do not use tobacco products and have not used them within the last six months.

_____ I am currently a tobacco user, but I am actively enrolled in one of the tobacco cessation programs listed below.

If you have dependents enrolled in health care check the category that applies to your dependents

_____ My dependents, enrolled in the University's health plan, do not use tobacco products and have not used them for the last six months.

_____ One or more of my dependents uses tobacco, but all of those dependents are actively enrolled in one of the tobacco cessation programs listed below.

If you are seeking a waiver based on active enrollment in a tobacco cessation program, please complete this section for you and any of your enrolled dependents who use tobacco.

Date of Enrollment: _____

Identify all of the programs in which you or your dependents are enrolled.

- | | |
|--|--|
| <input type="checkbox"/> ComPsych tobacco cessation program
1-866-465-8934 | <input type="checkbox"/> Quit for Life, Provided by Alere |
| <input type="checkbox"/> A Tobacco Cessation class or support group sponsored by a local hospital | <input type="checkbox"/> Use of a Nicotine Replacement Therapy monitored by your physician |
| <input type="checkbox"/> Use of an Alternative Therapy (i.e. Hypnosis, Acupuncture) monitored by a Licensed Practitioner | <input type="checkbox"/> State of Alaska Tobacco Quit Line 1- 800-QUIT-NOW |

I certify that my statements on this form are true and accurate. I understand that any misrepresentation of information on this certificate will subject me to the requirement to pay the tobacco surcharge, through payroll deductions or otherwise, for the current plan year. I further understand that dishonesty or misrepresentation of information on this certificate may subject me to disciplinary action up to and including termination.

Employee

Today's Date

MAU Personnel Use Only

Completed by: _____ Date: _____