

Tobacco Cessation / Physician Affidavit Form

Employees and their spouses enrolled in an Oncor medical option will incur a tobacco surcharge if the employee and/or spouse have used tobacco products during the last 24 months. To waive this surcharge, the covered individuals must complete a tobacco cessation program OR submit a physician affidavit attesting the individual has been tobacco free for 6 months or that it is medically advisable to continue using tobacco products. Tobacco products include, but not limited to: cigarettes, cigars, e-cigarettes/vaping, cigarillos, pipes, chewing tobacco, snuff, dip, and loose tobacco smoked via pipe or hookah).

Participant Section: Complete this section prior to submitting your Affidavit					
Check Box:	Employee: <input type="checkbox"/>	Spouse: <input type="checkbox"/>			
Last Name		First Name		Middle Initial	
Email Address				Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
8 Digit Emp. ID		Date of Birth		Phone #	
Address					
City		State		Zip Code	
Participant Signature				Date	/ /

If you completed a tobacco cessation program, complete this form, check one of the boxes below, attach a certificate of completion and send to Cover-Tek.

I understand that falsification of company records may be grounds for termination of the employee's employment.

- I have completed a tobacco cessation program and documentation of completion is attached

Physician to complete (if appropriate).

- Participant is my patient and has stopped using tobacco products and has been tobacco free for 6 or more months
- Participant is my patient and it is not medically advisable for him/her to stop using tobacco products

Healthcare Provider Name (Printed)		UPIN/NPI	
Healthcare Provider Signature		Date	

Employee or Physician must send completed form to Cover-Tek by mail, fax or email. The surcharge will stop as soon as administratively possible (usually within 2 to 3 pay periods):

Cover-Tek, Inc.
 1105 Cheek Sparger Rd.,
 Colleyville, TX 76034
 Main. 1.817.329.6900
 Fax. 1.817.416.2300
 Email: Texas@cover-tek.com