



2021 TOBACCO ATTESTATION FORM

***Applicable to NEW medical plan enrollees only.**

FIRST NAME	LAST NAME
LOCATION/FACILITY	SSN

Tobacco use is the use of any tobacco product, including cigarettes, cigars, chewing tobacco, snuff, and pipe tobacco, four or more times a week within the past 6 months.

Please check the box that applies to you:

I attest to being Tobacco-Free

I currently use Tobacco

I hereby attest that the above statement about my tobacco use is accurate. If I begin using tobacco products, I will notify Archcare immediately. I am aware that Archcare reserves the right to test me on my tobacco use.

SIGNATURE	DATE
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