



Tobacco Usage Status Change Form

Entity Use Only

Approved by _____

Date Approved _____

Effective Date _____

Use this form to change your tobacco usage status at any time throughout the plan year. Applicable premium changes will take effect the first of the following month.

1. Member Information

Last Name		First Name		MI
Member ID, Social Security, or E Number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm-dd-yyyy)	Medicare Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone		Work Phone		Personal Email
<input type="checkbox"/> Check if new address	Work Email			
Address			Apt or Space #	
City		State	Zip	County
Ethnicity (Select One): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Refused <input type="checkbox"/> Unknown				
Race (Select at least one. If selecting more than one, circle one as primary): <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Refused <input type="checkbox"/> Unknown				

2. Tobacco Usage (Responses in this section are required)

Effective October 1, 2014, OEGB collects tobacco usage information for you and your spouse/domestic partner (if applicable) to determine your premium amount(s) for Optional Plans through The Standard.

MEMBER In the last 12 months (Select one):	SPOUSE/DOMESTIC PARTNER In the last 12 months (Select one):
<input type="checkbox"/> I have used tobacco products	<input type="checkbox"/> I do not currently have a spouse/domestic partner
<input type="checkbox"/> I have not used tobacco products	<input type="checkbox"/> My spouse/domestic partner has used tobacco products
<input type="checkbox"/> I have never used tobacco products	<input type="checkbox"/> My spouse/domestic partner has not used tobacco products
	<input type="checkbox"/> My spouse/domestic partner has never used tobacco products

3. Member Signature and Authorization

A person who knowingly makes a false statement in connection with an application for any benefit may be subject to imprisonment and fines. Additionally, knowingly making a false statement may subject a person to termination of enrollment, denial of future enrollment, or civil damages.

This election supersedes all elections and submissions I previously made for OEGB coverage. I hereby declare that the above statements are true to the best of my knowledge and belief, and I understand that they are subject to penalty for perjury.

Member Signature

Date

Submit this completed form to your Employing Entity.

Do not submit this form to OEGB.

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