

# Physician Statement Concerning Tobacco Usage and Fitness to Participate in a Tobacco Cessation Program

## INFORMATION FOR THE PHYSICIAN

As The University of Texas System (UT System) has a tobacco premium surcharge for individuals enrolled in the UT SELECT self-funded employee medical insurance plan. Plan members who use tobacco products will be charged a tobacco usage premium surcharge. Plan members can obtain an exemption from the surcharge by providing a declaration the member has not used tobacco products in the past sixty (60) days. In the alternative, a member that provides a physician's statement that ( due to a health factor, it would be unreasonably difficult for the member to meet the requirements of the program, but who participates in a UT System approved tobacco cessation program or in some cases, a reasonable alternative program) is eligible for a waiver of the premium surcharge. Members who have a medical condition that makes it medically inadvisable for the member to use a tobacco cessation program may also be eligible for a premium surcharge waiver. This document must be completed each plan year.

For purposes of the program, "tobacco usage" includes, but not limited to smoking cigarettes, cigars, pipes, clove cigarettes and any other smoking devices that use tobacco such as hookahs. E-cigarettes, which contain nicotine, are also included under the tobacco premium program as is the use of all forms of smokeless tobacco, such as: chewing tobacco, snuff, dip, or any other product that contains tobacco.

A description of the tobacco cessation program approved by UT System is available at: [www.utsystem.edu/offices/employee-benefits/insurance/tobacco-premium-program](http://www.utsystem.edu/offices/employee-benefits/insurance/tobacco-premium-program)

If you have questions please call (512) 499-4616 or email [benefits@utsystem.edu](mailto:benefits@utsystem.edu)

### PHYSICIAN'S STATEMENT CONCERNING TOBACCO USAGE

The following information pertains to:

\_\_\_\_\_  
PRINT UT SELECT MEMBER'S NAME (LAST, FIRST, MIDDLE)

\_\_\_\_\_  
EMPLOYEE ID / BENEFITS ID (BID)

\_\_\_\_\_  
DATE OF BIRTH

- As the above-named member 's treating physician, it is my opinion that this individual has the following medical condition: \_\_\_\_\_, that would make it unreasonably difficult for the member to cease tobacco use at this time. However, it is my opinion that there is no medical reason that this member cannot to participate in the UT System approved tobacco cessation program described above.
- As the above-named member 's treating physician, it is my opinion that this individual has the following medical condition: \_\_\_\_\_; (e.g., nicotine addiction) that would make it unreasonably difficult for the member to cease tobacco use at this time. It is my further opinion that at this time the UT System approved tobacco cessation program described above is not a reasonable alternative for the member.
- As the above-named member 's treating physician, it is my opinion that due to the following medical condition, \_\_\_\_\_, it is medically inadvisable for the member to cease tobacco use at this time.

**By signing this statement, I certify that the above information is true and correct. I understand that this form must be completed each plan year for your patient to be eligible for the exemption.**

\_\_\_\_\_  
PRINT PHYSICIAN NAME

\_\_\_\_\_  
PHYSICIAN TAX ID NUMBER

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE

## INSTRUCTIONS

*This form must be signed and submitted to the subscriber's institution HR/Benefits Office.*

### UT ARLINGTON

Office of Human Resources  
P.O. Box 19176  
Arlington, TX 76019  
(817) 272- 5554  
Fax: (817) 272-6271  
benefits@uta.edu

### UT AUSTIN

Human Resources  
1616 Guadalupe St., Suite 1.408  
Austin, TX 78701  
(512) 471-4772 or  
Toll Free: (800) 687-4178  
Fax: (512) 232-3524  
HRSC@austin.utexas.edu

### UT DALLAS

Office of Human Resources  
800 W Campbell Rd, AD 10  
Richardson, TX 75080-3021  
(972) 883-2221  
Fax: (972) 883-2156  
benefits@utdallas.edu

### UT EL PASO

Human Resources Services  
Administration Building, Rm 216  
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El Paso, Texas 79968  
(915) 747-5202  
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hrs@utep.edu

### UT HEALTH SCIENCE CENTER HOUSTON

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7000 Fannin, Suite 150  
University Center Tower (UCT)  
Houston, TX 77030  
(713) 500-3935  
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hr@uth.tmc.edu

### UT HEALTH SAN ANTONIO

Office of Human Resources  
7703 Floyd Curl Drive  
San Antonio, TX 78229  
(210) 567-2600  
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ben-admin@uthscsa.edu

### UT HEALTH EAST TEXAS (TYLER)

Office of Human Resources  
11937 U.S. Highway 271  
Tyler, TX 75708  
(903) 877-7784  
Fax: (903) 877-5394  
benefits@uthct.edu

### UT MD ANDERSON CANCER CENTER

Human Resources Benefits  
(713) 745-6947  
Fax: (713) 745-7167  
MyHR@mdanderson.org  
Physicians Referral Service (PRS)  
(713) 792-7600  
Fax: (713) 794-4812  
prsfacbensrvs@mdanderson.org

### UT MEDICAL BRANCH AT GALVESTON

Employee Benefits Services  
2200 Market St., Suite 1.100  
Galveston, TX 77550  
(409) 772-2630, Option "0"  
Toll Free: (866) 996-8862  
Fax: (409) 772-2754  
benefits.services@utmb.edu

### UT PERMIAN BASIN

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4901 East University  
Odessa, Texas 79762  
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### UT RIO GRANDE VALLEY

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hr@utrgv.edu

### Edinburg

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### UT SAN ANTONIO

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1 UTSA Circle  
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### UT SOUTHWESTERN MEDICAL CENTER

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5323 Harry Hines Blvd.  
Dallas, TX 75390-9023  
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benefits@utsouthwestern.edu

### UT SYSTEM ADMINISTRATION

Office of Human Resources  
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ohr@utsystem.edu

### UT TYLER

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