

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 or UT CARE employee and retiree medical insurance plans. 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

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

PHYSICIAN’S STATEMENT CONCERNING TOBACCO USAGE

The following information pertains to:

PRINT 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.

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