

# Tobacco Cessation Rebate (\$50)

Questions about how to complete this form? Call 801-366-7300 Mon-Fri (8 a.m. to 5 p.m.) or send a message via the Message Center in your personal account at [pehp.org](http://pehp.org)

Submit the completed form to PEHP Healthy Utah: Send via the Message Center by logging in to your personal account at [pehp.org](http://pehp.org) or Fax it to: 801-328-7300

## Contact Information

NAME (Please Print)	BIRTH DATE	PEHP ID NO.	TODAY'S DATE
EMAIL ADDRESS		PHONE NUMBER	
PHYSICAL ADDRESS		CITY	ZIP CODE

## Instructions

To qualify for the \$50 Tobacco Cessation rebate, tobacco users\* must meet the following criteria:

1. Participate in PEHP Quitline (<http://pehpquitlogix.org> / 855-366-7500) **OR** obtain health care provider's signature to verify you have been tobacco-free for the past 6 months
2. Mail or fax this completed rebate form with supporting documentation to Healthy Utah. See contact information above. You will receive your rebate within 2-4 weeks.

\*Tobacco user: currently use tobacco or used tobacco anytime within the past 6 months. Includes cigarettes, cigars, pipes, nicotine, e-cigarettes and smokeless tobacco.

**Select one:**

- Enroll in the Tobacco Cessation Quitline and complete 5 phone calls. Submit completion certificate with this form.
- Obtain your health care provider's signature verifying that you are a former tobacco user and have been tobacco-free for the past 6 months.

## Verification

*I verify that I am a former tobacco user and have been tobacco free for at least six months.*

SIGNATURE	DATE
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*This patient is a former tobacco user and has been tobacco-free for the past 6 months.*

PHYSICIAN'S NAME (Please Print)	PHYSICIAN'S SIGNATURE	DATE	DATE PATIENT BECAME TOBACCO -FREE
PHYSICIAN'S PHONE NUMBER	PHYSICIAN'S ADDRESS		

**Signature Required - See Reverse**

Log into your online personal account at [www.pehp.org](http://www.pehp.org) to learn more about PEHP Wellness services that may benefit you.

FOR INTERNAL USE ONLY	
Verification _____	Notes _____
Initials _____	_____

## **Informed Consent & Release**

### **Confidentiality:**

I understand the information I have provided in this form is strictly confidential and will not be shared outside of PEHP Health & Benefits, a program of the Utah Retirement Systems ("PEHP"), without my authorization. As a participant of PEHP Healthy Utah, I give permission and understand that my records may be reviewed by PEHP Healthy Utah and PEHP employees. I further understand that I may be contacted by PEHP Healthy Utah or PEHP staff for follow up education or I may be referred to specialized programs. I understand that results on this form and from the online Health Questionnaire will be tracked over time for evaluation purposes. I also understand that PEHP Healthy Utah and PEHP may report results from this form and the online Health Questionnaire(s) to my employer but only as a group, and not as individually identifiable data. Specifically, if my employer participates with the WellRight LLC ("WellRight") wellness tracking system, I voluntarily authorize and request the use and disclosure (including paper, oral, and electronic interchange) by PEHP of my health information provided and described herein into the WellRight tracking tool on my behalf for purposes of my participation in the wellness program.

### **Assumption of Risk and Release and Waiver:**

I consent to voluntarily participate in PEHP Healthy Utah and fully assume any and all risks associated with my participation. I declare that (1) I am free of any known heart or other serious problems; or (2) I have written approval from my physician to participate in PEHP Healthy Utah. In consideration of the information that I will receive from my participation in the program and for other good and valuable consideration, I waive and release all rights and claims against PEHP and the persons administering PEHP Healthy Utah for any and all injuries, ailments, or other consequences that I may suffer from my participation in PEHP Healthy Utah, including but not limited to the biometric screening, online Health Questionnaire, and other activities, programs, and events within PEHP Healthy Utah.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_