



## WELLNESS PROGRAM

2020

# Certification Form Regarding Tobacco Use

SUBSCRIBER NAME:	SUBSCRIBER MEMBER ID# (off of your insurance card)
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- By checking the box (at left) and returning this form to the KBA\* I certify that I am a **Non-Tobacco-User**; and, I certify truth and understanding of the following:
- I certify that I am not currently using, and have not used, any tobacco products in any form (cigarettes, cigars, pipe, oral products, etc.) within the last 6 months.
  - I certify that if this information changes at any time during the 2020 calendar year, I will notify the KBA of such change within 30 days through completion and re-submission of this form.
  - I certify that this information is true and correct to the best of my knowledge.

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SUBSCRIBER SIGNATURE

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DATE

\*Return Certification Form Regarding Tobacco Use to:

KBA Benefits Trust  
Attention: Lisa Mattingly  
600 West Main  
Street Suite 400  
Louisville, KY 40202