

HR 108 (09/12)

System Member _____

The Texas A&M University System Tobacco User Change Form

*With few exceptions, you have the right to request, receive, review and correct
information about yourself collected using this form.*



Section 1

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|--|--|--|--|--|--|--|--|--|--|

UIN or Social Security number

Employee/Retiree name _____
(please print) Last First MI

Please be sure to sign this form and send it to your Human Resources office.

Office use: ED _____

Section II

List the required information for each employee/retiree/dependent, whose tobacco user status you wish to change.

| Name (last, first, MI) | Birthdate (mm/dd/yyyy) | Tobacco user? (Y/N) |
|------------------------|------------------------|---------------------|
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If premium changes will result from this information, they will begin the first of the month following receipt of this form in your Human Resources office.

Section III

This document serves as an affidavit for the Tobacco User Agreement. A tobacco-user is someone who uses tobacco products (including cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, or any other product containing tobacco) more than five times in three months.

Tobacco User Agreement: I understand that if I have indicated on this form that I am not or that my dependent(s) is not a tobacco user, and this proves to have been a false statement, my coverage and any associated dependent benefit coverage may be cancelled.

Employee/Retiree signature in ink (blue preferred): _____
Signature

Daytime phone number

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|------------|
| Date Stamp |
|------------|

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Signature date (MM/DD/YYYY)