

## STATE EMPLOYEES' INSURANCE BOARD NON-TOBACCO USER DISCOUNT APPLICATION

This discount can be applied for online at [my.alseib.org](http://my.alseib.org)

<b>CONTRACT HOLDER NAME (please print)</b>	<b>SOCIAL SECURITY NUMBER</b>
<b>E-MAIL ADDRESS</b>	

**Check the box or boxes below regarding the tobacco usage status of you and your spouse, if you have a covered spouse. Each time you submit this form, even if you are only providing information on your spouse, both options below must be considered and marked where appropriate:**

- I am currently not using and have not used tobacco products in any form (cigarettes, cigars, pipe, oral tobacco products, etc.) within the last 12 months.
- My spouse is covered under SEHIP and is currently not using and has not used tobacco products in any form (cigarettes, cigars, pipe, oral tobacco products, etc.) within the last 12 months.

If I, and/or my spouse, receive(s) the Non-Tobacco User Discount, I understand that if it is determined that I, and/or my spouse, have used tobacco products within the last 12 months, or if I, and/or my spouse, start using tobacco products subsequent to the date of this application without notifying the State Employees' Insurance Board, I will be subject to disciplinary action and will be required to repay all discounts as well as all claims and other expenses incurred by the SEHIP, plus interest.

**Signed:** \_\_\_\_\_  
Contract Holder

**Date:** \_\_\_\_\_

### Authorization

By signing below, I/we hereby authorize any licensed physician, medical practitioner, hospital, pharmacy, clinic or other medically related facility, insurance company, any government agency or other organization or person that has any records or knowledge of my health to provide to the State Employees' Insurance Board any information related to my/our use of tobacco products.

**Signed:** \_\_\_\_\_  
Contract Holder

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_  
Spouse (if covered under SEHIP)

**Date:** \_\_\_\_\_

Return to: State Employees' Insurance Board 201 South Union Street, Suite 200 PO Box 304900 Montgomery, AL 36130-4900 334-263-8341 / 1-866-836-9737 / Fax: 334-263-8541
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