



Missouri Consolidated Health Care Plan
 573-751-0771 · 800-487-0771 · www.mchcp.org
 832 Weathered Rock Court, Jefferson City, MO 65101



Submit this form:
Online: Upload through myMCHCP
Fax: 866-346-8785
Mail: PO Box 104355
 Jefferson City, MO 65110-4355

MCHCP Use Only

ST TFA

**2017
 Tobacco-Free Promise**

Instructions

To receive the monthly premium reduction, subscriber and spouse must submit either the Tobacco-Free or Quit Tobacco Promise form. Separate forms for the subscriber or spouse may be submitted.

Section 1 – Subscriber Information

Name (Last, First, Middle Initial):			MCHCPid (Provide either MCHCPid or Social Security Number)
_____			_____
Address:			or Social Security Number:
_____			_____
City:	State:	ZIP Code:	Date of Birth (MM/DD/YYYY):
_____	_____	_____	____/____/____

Section 2 – Spouse Information (if eligible)

Name (Last, First, Middle Initial):	Date of Birth (MM/DD/YYYY):
_____	____/____/____

Section 3 – Tobacco-Free Promise (for Non-Tobacco Users)

1. I have not used tobacco products in the previous three months and will not use tobacco products through December 31, 2017.
2. I understand that it is my responsibility to submit a Tobacco-Free Promise form online, by mail, fax, uploaded through my myMCHCP account or in person.
3. I understand that if I am adding medical coverage, then MCHCP must receive this form within thirty-one (31) days of my medical coverage effective date for the Incentive to be effective on the same date that my medical coverage is effective. Otherwise, the Incentive will begin as described in item 4.
4. I understand that the Incentive begins the first day of the second month after MCHCP receives this form but no earlier than January 1, 2017. It will end December 31, 2017.
5. I understand that if I begin using tobacco products, I must notify MCHCP by phone, fax or mail the next business day. MCHCP will then mail me the Quit Tobacco Road Map.
6. I understand this is a legally binding document and that under Missouri law (§103.057 RSMo) I could be subject to fines or imprisonment if I knowingly make a false statement in an attempt to defraud MCHCP. With that knowledge, I hereby attest that my statement about my tobacco use status is accurate.

Section 3 – Signature

I attest to being Tobacco-Free.

Subscriber Signature:

Date (MM/DD/YYYY):

____/____/____

I attest to being Tobacco-Free.

Spouse Signature:

Date (MM/DD/YYYY):

____/____/____