

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.*



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## 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)

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*

Date Stamp
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*Signature date (MM/DD/YYYY)*