Tobacco Cessation Certification

Completion and submission of this form constitutes providing information for the purpose of obtaining a benefit from a public agency. As such, providing false information is a criminal offense in the Ohio Revised Code.

In addition to any penalty provided under the Ohio Revised Code, the HPRS Board may recover any funds provided for medical treatment to anyone who knowingly provides false information for the purpose of obtaining health care benefits to which he/she might otherwise not be eligible.

This form is to be submitted to HPRS following the 6-month mark of non-use of tobacco products. The tobacco surcharge will be dropped the month following receipt of this form.

Member Information

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ State _____ Zip Code _____

XXX-XX- _____ DOB _____ Daytime Phone # _____

Email Address _____

Signature

I had previously identified myself as using tobacco products. By the selections below, I certify the non-use of tobacco products four (4) or more times per week over the past six (6) months.

I certify that I will notify HPRS in writing if at any time I increase my use of tobacco products. _____
Initial

☐ **I am currently not using tobacco products or have not used them more than 4 times per week over the past six (6) months.**

I certify that I have not used tobacco products since _____
Month / Day / Year ***– or –*** Month / Year

▶ _____ _____
Signature **Date**

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