



WELLNESS PROGRAM

2019

Certification Form Regarding Tobacco Use

SUBSCRIBER NAME:	SUBSCRIBER MEMBER ID# (off of your insurance card)
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- By checking the box (at left) and returning this form to the KBA* I certify that I am a **Non-Tobacco-User**; and, I certify truth and understanding of the following:
- I certify that I am not currently using, and have not used, any tobacco products in any form (cigarettes, cigars, pipe, oral products, etc.) within the last 6 months.
 - I certify that if this information changes at any time during the 2019 calendar year, I will notify the KBA of such change within 30 days through completion and re-submission of this form.
 - I certify that this information is true and correct to the best of my knowledge.

SUBSCRIBER SIGNATURE

DATE

*Return Certification Form Regarding Tobacco Use to:

KBA Benefits Trust
Attention: Lisa Mattingly
600 West Main
Street Suite 400
Louisville, KY 40202