



DriveTime Benefits fx: 888-505-7130 www.drivetimebenefits.com

Wellness Removal Form

Dear Employee,

Please read the following information carefully. By signing this form, you agree to be removed from the Wellness program and attest to the following:

I am currently using tobacco products.

I request to be removed from the Wellness Program. I will be in Non-Wellness/Tier 3 for the remainder of the year.

I understand my use of tobacco and removal from the Wellness Program will effect my Medical premium rates for the remainder of the year.

I understand if I quit smoking/using tobacco products in the future, I may petition the Benefits Department to be added to the Wellness Program (not all requests will be accepted).

Please complete the following information

Employee Name (PRINT)

Employee ID #

Spouse Name (PRINT) - if applicable

Employee/Spouse Signature

Date

PLEASE FAX COMPLETED FORM TO 888-505-7130. If you have any questions about the requirements of the program, please feel free to contact the DriveTime Benefits Department.

Thank you for your assistance,

DriveTime Benefits Team
Email: benefits@drivetime.com



LifeTime
DriveTime Benefits Package