



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

Tobacco Cessation Form

In order to receive a Wellness Premium discount regarding the use of tobacco products, I attest to the following:

As of January 1, 2012, I am no longer smoking and/or using tobacco products.

I understand if I return to using any tobacco product, I must let the Benefits Department know immediately so I am will be charged the correct medical premium for my individual needs.

I understand not using tobacco products impacts my Medical Premium rate.

I understand there will be consequences up to and including disciplinary actions if I begin to use tobacco products again and do not alert the Benefits Department immediately.

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