PEIA
PUBLIC EMPLOYEES INSURANCE AGENCY

601 57th Street SE
Suite 2
Charleston, WV 25304
888-680-7342
peia.help@wv.gov
www.peia.wv.gov

TOBACCO AFFIDAVIT

Policyholder Name: _____

SSN #: _____DOB _____

Address: _____

You must complete this affidavit to notify PEIA if your tobacco status changes. Members who become tobacco-free may apply for the discount when they have been tobacco-free for at least six months. Please mark which member of the family (if any) use tobacco and sign the affidavit. Tobacco use is defined as smoking cigarettes, cigars or pipes, or using electronic cigarettes (e-cigarettes) or any form of smokeless tobacco, including snuff and chewing tobacco. If none of the people enrolled on your health coverage uses tobacco you will receive any available discount on your health premiums. If the policyholder does not use tobacco, he or she will receive a discount on any Optional Life Insurance premiums.

Who uses tobacco:

- Policyholder
- Dependent (spouse and/or children)
- No Tobacco Users

I certify that the above information is true and correct. I further certify that if this information change I will notify the plan of the change in writing. I acknowledge by signing this form that WVPEIA or its agents have access to my medical records to check my tobacco use status. I understand that providing false information on this form is illegal and that those who provide false information may be prosecuted. I hereby consent, for myself and my covered dependents to the release to PEIA of all medical and prescription drug information needed to process claims, determine coverage, review utilization, investigate complaints, access quality of care, evaluate plan performance or any other process involved in my treatment, payment of claims or health care operation.

POLICYHOLDER SIGNATURE_____ **DATE**_____

EMAIL ADDRESS: _____

When complete, return this form to
PEIA Eligibility Unit
601 57th Street SE, Suite 2
Charleston, WV 25304-2345