QUALIFYING ALTERNATIVE FOR THE TOBACCO-FREE INCENTIVE

Return this form to Human Resources, 1212 Third St. SW, Roanoke, VA 24016
Fax: 540-857-5209 Email: HRServiceCenter@carilionclinic.org

Section 1: Employee Information

Name: _____ Badge # _____
(Please Print)

Section 2: List the tobacco users covered on your plan and choose the alternative

Name Last (If Different), First MI	Relationship	Alternative
		□ Enrolled in a smoking cessation program Name of Program: _____ □ Provide documentation from a physician that it is medically inadvisable or unreasonably difficult to stop using tobacco products (documentation attached)
		□ Enrolled in a smoking cessation program Name of Program: _____ □ Provide documentation from a physician that it is medically inadvisable or unreasonably difficult to stop using tobacco products (documentation attached)
		□ Enrolled in a smoking cessation program Name of Program: _____ □ Provide documentation from a physician that it is medically inadvisable or unreasonably difficult to stop using tobacco products (documentation attached)

Section 3: Sign and Date

SIGNATURE: _____ DATE: _____

HUMAN RESOURCES: _____ DATE: _____

If all required documentation is received by Human Resources by Dec. 1, 2017, you will receive the incentive starting Jan. 1, 2018. After that date, if your documentation is received by the 15th of the month, your incentive will be effective on your medical plan premiums as of the first of the following month.

CARILION CLINIC