

Roman Catholic Diocese of Lexington

Certification of Tobacco Usage

Roman Catholic Diocese of Lexington Health Insurance – Tobacco Usage Premium

As a participant in the Roman Catholic Diocese of Lexington’s Health Insurance Plan, a \$15 per month premium will be assessed to those employees who use a tobacco product and/or to those employees that have a family member on the plan who uses a tobacco product. Tobacco products include: cigarettes, cigars, chewing tobacco and other smokeless tobacco. The \$15 premium will be payroll deducted each month beginning June 15, 2006, and monthly thereafter.

It is the employee’s responsibility to request and complete an updated certification should the employee or a family member on the plan begin the use of tobacco products or if the employee or a family member discontinues the use of tobacco products.

I hereby authorize my employer to make the necessary deductions for the contribution to the Roman Catholic Diocese of Lexington’s Health Insurance Plan for myself or a family member that uses a tobacco product.

Tobacco Usage	
_____	Yes, I certify that myself or
Signature of employee	Date
a family member, _____, on	
Name(s) of the family member	
the Roman Catholic Diocese of Lexington’s Health Insurance Plan uses a tobacco product. I certify that this statement is true and correct to the best of my knowledge.	

No Tobacco Usage	
_____	No, I certify that myself
Signature of employee	Date
and all family members on the Roman Catholic Diocese of Lexington’s Health Insurance Plan do not use any tobacco products. I certify that this statement is true and correct to the best of my knowledge.	

Employee’s Printed Name

Location Where Employed
(Name of Church/School)

Return with health enrollment to: Roman Catholic Diocese of Lexington
Risk Management Office
1310 W. Main St.
Lexington, KY 40508-2048