

DCH Tobacco Cessation Presentation Acknowledgment

(To qualify for DCH non-tobacco employee medical insurance premium in 2023)

I certify that I and/or my covered dependent(s) have read the entire online presentation titled "Tobacco Cessation" to qualify for the DCH non-tobacco employee medical insurance premium in 2023

Employee #: _____	Print Employee Name: _____
Print Dependent Name: _____	Phone #: _____
Email: _____	Date: _____

Please fax this completed form to the DCH Benefits Department at 205-750-5541 or email
Hr.Benefits@dchsystem.com.

PLEASE NOTE: An employee whose "tobacco status" has changed since Oct. 1, 2021, must also complete a Medical Insurance Tobacco Declaration during open enrollment. This form is available on the open enrollment page on the Monitor intranet.

