



## Smoker/Non-Smoker Change Form

**Complete this form if your smoking status has changed since your annual open enrollment period. Deductions will be modified to reflect the change in smoking status one full month after the Fund Office receives the form or one full month after your smoking end date (the latter of the two).**

section 1

Member's Name	<input type="radio"/> Male <input type="radio"/> Female	Date of Birth	ID # or Social Security #
Member's Address		Member's Phone #	
Member's E-mail Address	Employer's Name		Employer's Phone #

section 2

### Smoking Certification

**Plan guidelines define smoking as the inhalation of burning tobacco, including cigarettes, cigars and pipes.**

I am currently a smoker (Please complete section 4)     I am NOT currently a smoker (Please complete section 3 and 4)

section 3

### Status Change for Payroll Deductions

If you are changing your status from Smoker to Non-Smoker and request that your premium share deduction be adjusted accordingly as outlined in your collective bargaining agreement, please complete the following. This section **MUST** be notarized.

**I, \_\_\_\_\_, swear I have not inhaled burning tobacco, including cigarettes, cigars and pipes since \_\_\_\_\_ (approximate quit date). If in the future this information changes, I agree to notify Local 655 Welfare Fund immediately.**

Notary Public's Signature	Notary: Please affix seal here
Date	
Member's Signature	
Date	

section 4

### Certification of True Statement

**I certify that the above information is true and correct. I understand that any intentional false statement made herein may void my coverage and will void benefits. Should any changes take place affecting this statement, I will immediately inform the Welfare Fund.**

Member's Signature

Date