

Security Health Plan®



Underwritten by
Security Health Plan of Wisconsin, Inc.

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TTY 1-877-727-2232 or 715-221-9898
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Advantage Plus

Tobacco Free 12-month Attestation

For Office Use Only

MHN _____

Effective date _____

PLEASE PRINT

Name			Date of Birth
Address			Subscriber ID number
City	State	ZIP	Phone

I am requesting to have my policy premium changed to the non-tobacco rate.

I have not used tobacco or smokeless tobacco products during the past 12 months and have no intentions of using any form of tobacco products in the future.

Member's signature

Date

Parent/guardian signature (required if member is under 18 years old)

Date

The non-tobacco rate will become effective the first day of the month following medical review or 12 months after your last documented use of tobacco. *If at anytime in the future you begin using tobacco products, Security Health Plan will adjust your rate accordingly.

**Security Health Plan reserves the right to verify this information.*