

EMORY

Tobacco Cessation Physician Affidavit Form

Emory employees and their spouses who are covered under our medical plans and identify themselves as Tobacco Users will incur a tobacco usage surcharge. To waive this surcharge, the covered individuals must (1) certify that they have not used any form of tobacco in the last 90 days, or (2) complete a tobacco-cessation program of their choosing or one that Emory offers. However, if it is unreasonably difficult due to a medical condition or if it is medically inadvisable for the individual to attempt to complete a tobacco-cessation program, the tobacco surcharge will be waived.

Physician,

Please review this affidavit carefully and sign and date where indicated. The employee must also sign and date the form and return the completed affidavit to:

Emory University
Benefits and Work Life
1599 Clifton Road, NE
Atlanta, GA 30322

As an employee's or spouse's treating physician, I attest that it is unreasonably difficult due to a medical condition or medically inadvisable for the employee or spouse to complete a tobacco-cessation program. By signing this affidavit, I certify that the above information is true and correct. I understand that falsification of company records may be grounds for termination of the employee's employment with Emory University.

Patient Name _____

Physician Name _____

Physician Signature _____

Physician Tax ID Number _____

Date _____

Employee Name _____

Employee Signature _____

Employee ID Number _____

Date _____