



Fulton County Pension Office
141 Pryor Street SW, Suite 7001
Atlanta, GA 30303

Phone: 404-612-7606

Email: pensionunit@fultoncountyga.gov

Fax: 404-612-1312

Tobacco-Use Attestation

Pre-65 Retirees MUST Complete This Form

All retirees who are under age 65 (non-Medicare-eligible) must complete this form to avoid the \$50 monthly tobacco-use surcharge.

If you **do not** complete and return this form to the Fulton County Pension Office by October 9, 2020, you will be assumed to be a tobacco user, and a \$50 monthly tobacco-use surcharge will be added to your medical premium effective January 1, 2021.

Due to COVID-19, you are encouraged to return the form electronically to ensure timely processing. Email your form to pensionunit@fultoncountyga.gov or fax it to 404-612-1312.

If you are unable to return the completed form electronically, please mail it to the address below by October 9, 2020. Note: There could be a delay in processing forms submitted by mail.

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Tobacco-Use Attestation

If you use tobacco, a \$50 monthly tobacco-use surcharge will be added to your medical premium effective January 1, 2021. Please check one of the following boxes to *honestly* indicate your tobacco use. Tobacco use means any use of tobacco products (e.g., cigarettes, cigars, pipes, oral tobacco products, e-cigarettes), but does not include the religious or ceremonial use of tobacco.

- I attest that I **do not** use tobacco product(s) or have **not** used tobacco product(s) in the past two months.
- I attest that I **do** use tobacco product(s). I pledge to enroll by May 31, 2021 in a tobacco cessation program offered by my selected 2021 medical plan provider (Anthem or Kaiser). I understand that the tobacco-use surcharge will be added to my premium if I **do not** enroll in a tobacco cessation program by May 31, 2021.
- I attest that I **have** used a tobacco product within the past two months. **I have no intention of quitting.** I understand that by checking this box, the tobacco-use surcharge will be added to my premium effective January 1, 2021.

I certify that all information provided by me is complete and accurate.

Retiree name (print): _____

Retiree signature: _____ Date: _____

Retiree phone number: _____