



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

Phone: 404-612-7606

Fax: 404-612-3756

## **Tobacco-Use Attestation**

### **Non-Medicare-Eligible Retirees MUST Complete This Form**

All retirees who are under age 65 (non-Medicare-eligible) must complete and return this form by October 20, 2023.

If you **do not** complete and return this form to the Fulton County Pension Office by October 20, 2023, 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, 2024.

**You are encouraged to return the form electronically to ensure timely processing. Email your form to [retireebenefits@fultoncountyga.gov](mailto:retireebenefits@fultoncountyga.gov) or fax it to 404-612-3756.**

If you are unable to return the completed form electronically, please mail it to the address below by October 20, 2023. 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, 2024. 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 complete, by **May 31, 2024**, a tobacco cessation program offered by my selected 2024 medical plan provider (Anthem or Kaiser). I understand that the \$50 monthly tobacco-use surcharge will be added to my premium effective January 1, 2024, and I will receive a refund of the surcharge when I submit proof that I completed the program.
- 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 \$50 tobacco-use surcharge will be added to my premium effective January 1, 2024.

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

Retiree name (print): \_\_\_\_\_

Retiree signature: \_\_\_\_\_ Date: \_\_\_\_\_

Retiree phone number: \_\_\_\_\_