



Supplementary Statement to Wellmark Blue Cross and Blue Shield of Iowa Application

An Independent Licensee of the Blue Cross and Blue Shield Association

Tobacco Declaration

Tobacco Use Questions

1. Have you used tobacco products (including, but not limited to, cigarettes, chewing tobacco, cigars, or pipes) during the 12 months immediately preceding the date of this declaration?
 Yes No

 2. Has your spouse or dependents (if covered under your policy) used tobacco products during the 12 months immediately preceding the date of this declaration?
 Yes No Not Applicable (Single Coverage)
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Conditions of Eligibility for Discounted Tobacco Non-use Premium

- I. **If you have answered “no” to the above questions, you are entitled to a discounted tobacco non-use premium (hereafter referred to as “discounted premium”) under the following conditions:**
 - a. You will receive the discounted premium for two years unless Wellmark Blue Cross and Blue Shield of Iowa (WBCBSI) earlier receives information that you or a covered family member uses tobacco products.
 - b. If you or a family member covered under your policy begins or resumes using tobacco products following your completion of this declaration form, you must notify us, and your premium will increase to the tobacco use premium on the first of the month following our receipt of this information.
 - c. If WBCBSI determines, during the initial two years of your receipt of the discounted premium, that you or a covered family member’s tobacco use status is inaccurate or misrepresented on your application or tobacco declaration form, WBCBSI will be entitled to retroactively collect the difference in premium from the date you began receiving the discounted premium.
 - d. If WBCBSI determines, following the expiration of the two-year period commencing with the date you began receiving the discounted premium, that there has been an inaccurate or misrepresented statement in your application or tobacco declaration form regarding your or a covered family members’ tobacco-use status, WBCBSI will discontinue the discounted premium effective on the first of the month following our determination. If you do not make the appropriate premium payment following notification from WBCBSI of your premium change due to the change in tobacco-use status, your policy will be terminated at the end of your grace period.
 - e. Prior to the expiration of the two-year period commencing with the date you began receiving the discounted premium, you will be asked to recertify your (and your covered family members, if applicable) tobacco use status so that WBCBSI can determine whether to extend the discounted premium to your policy beyond the expiration of this two-year period. WBCBSI may require you to recertify your (and your covered family members, if applicable) tobacco use status at periodic intervals but no more often than every two years, unless otherwise required due to policy changes.

 - II. **If you have answered “yes” to question 1 or 2 appearing above in the “Tobacco Use Questions” section, you are not entitled to the discounted premium, and must pay the premium for tobacco users.**
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I have read, and I understand, the certification statement printed on the back of this form.

Plan Member’s Name (please print)

Plan Member’s Signature

Spouse’s Signature (if applicable)

Wellmark Blue Cross and Blue Shield of Iowa Identification Number

Date

This Tobacco Declaration form becomes part of your policy. Tear off the pink copy and keep it with your coverage documents.

Certification

By signing this TOBACCO DECLARATION form:

I certify that the statements and answers set forth are full, true, and correct to the best of my knowledge and belief, and that no information required to be given, either expressly or by implication, has been knowingly withheld. I understand that Wellmark Blue Cross and Blue Shield of Iowa will rely upon the completeness and truthfulness of the information given and the statements made, and that if I have made any false statements or misrepresentations, or have failed to disclose or concealed any material fact, Wellmark Blue Cross and Blue Shield of Iowa will be entitled to:

1. Retroactively collect the difference between the tobacco-use premium and the discounted tobacco

non-use premium, if WBCBSI determines, during the initial two years of your receipt of the discounted premium, that you or a covered family member's tobacco use status is inaccurate or misrepresented on your application or tobacco declaration form; **or**

2. Increase my premium to the tobacco-use premium, if WBCBSI determines, following the expiration of the two-year period commencing with the date you began receiving the discounted premium, that there has been an inaccurate or misrepresented statement in your application or tobacco declaration form regarding your or a covered family member's tobacco-use status.