

LEGAL CERTIFICATION

Group Number: _____

Member HCID: _____

Policyholder:

I, _____, hereby certify that:

_____ I currently do not use any tobacco products

_____ I currently use a tobacco product

_____ I am currently enrolled in a tobacco cessation program _____

Spouse (if applicable):

_____ Currently does not use any tobacco products

_____ Currently uses a tobacco product

_____ Is currently enrolled in a tobacco cessation program _____

Policyholder's Signature

Policyholder's Printed Name

Date

Please return this form using one of these methods:

Fax To: (303) 831-2399

Email To: SG@anthem.com

Mail To: Anthem Blue Cross & Blue Shield, P. O. Box 172405, Denver, CO 80217-2405