
Affidavit of Non-Tobacco Use

I certify that I have not regularly* used cigarettes, cigars, pipes, chewing tobacco, smokeless tobacco, or any other form of tobacco within the last six months.

*Regular use is defined as four or more times per week, excluding religious or ceremonial use and the use of e-cigarettes.

Subscriber _____ Member No. _____

Spouse/domestic partner _____ Member No. _____

Please complete for applicable dependents age 21 or older.

Dependent _____ Member No. _____

Dependent _____ Member No. _____

Dependent _____ Member No. _____

Subscriber signature _____ Date _____

Spouse/domestic partner signature _____ Date _____

Affidavits of Non-Tobacco Use must be received in the Kaiser Permanente Individual and Family Membership Department by the 23rd of the month for the rate change to be effective the first of the following month.

Please return this Affidavit of Non-Tobacco Use to: Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.
I&F Membership Department
P.O. Box 34750
Seattle, WA 98124-9745