



**Fax or Mail to:**  
**BeniComp Advantage, Inc**  
 ATTN: Appeals Department  
 8310 Clinton Park Drive  
 Fort Wayne, IN 46825  
**Fax: (260) 482-8991**

**Tobacco/Nicotine Use Affidavit**

Addendum to BeniComp Advantage Application

PLEASE PRINT IN DARK INK. THE APPLICANT MUST INITIAL ANY CROSS OUTS.

Employee Information			
Name (Last)	(First)	(MI)	Social Security No.
Home Address	City	State	Zip Code
Home Phone	Alternate Phone <input type="checkbox"/> Cell <input type="checkbox"/> Work	E-Mail Address	
Employer Name and Division (if applicable)			Employer Location

<b>Please Note:</b>	<ul style="list-style-type: none"> <li>If you have selected Employee Plus Child(ren) or Single coverage you <b><i>do not</i></b> need to complete this form.</li> <li>If you have selected Employee Plus Spouse or Family coverage, please check the statement that describes you.           <ul style="list-style-type: none"> <li><input type="checkbox"/> My Spouse is <b>NOT</b> covered under my base health insurance plan.</li> <li><input type="checkbox"/> My Spouse <b>IS</b> covered under this plan.</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>If your spouse is covered by this plan, they <b>MUST</b> complete the form in its entirety and mail it back in the envelope provided within 30 days.</li> </ul>

Spouse Affidavit			
Spouse (Last)	(First)	(MI)	(Date of Birth)
(*To be completed by employees spouse.)			
Please indicate your tobacco or nicotine usage including but not limited to: cigarettes, cigars, pipe smoking, snuff, chewing tobacco, nicotine, gum or other nicotine supplements.			
<b>Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information will be subject to criminal penalties applicable to state laws.</b>			
<input type="checkbox"/> I hereby attest that I <u>have used</u> tobacco or nicotine, including nicotine substitutes (such as patches or gum) within the last 90 days. <ul style="list-style-type: none"> <li><input type="checkbox"/> Nicotine products (cigar, cigarettes, pipe, chew, snuff, etc.)</li> <li><input type="checkbox"/> Nicotine supplements (nicotine patch, gum etc.)</li> </ul>			
<input type="checkbox"/> I hereby attest that I <u>have not used</u> any form of tobacco or nicotine, including nicotine substitutes (such as patches or gum) within the last 90 Days			
_____ Signature of Spouse		_____ Date	
_____ Printed Name			