



All plans offered and underwritten by  
Kaiser Foundation Health Plan of the Northwest  
500 NE Multnomah St., Suite 100, Portland, OR 97232.

# Washington Declaration Form for Reduced Non-Tobacco Premium

To be completed by the member, 21 years or older, who stopped using tobacco products.

## MEMBER INFORMATION

Member name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Date of birth \_\_\_\_\_ Health record number \_\_\_\_\_

Subscriber name on account \_\_\_\_\_

## DECLARATION

1. I have not used tobacco products four times or more per week in the past six months (except for religious or ceremonial purposes).

*Tobacco products include cigarettes, pipes, and cigars, as well as snuff and chewing or other smokeless tobacco.*

2. The most recent date on which I used any tobacco product: \_\_\_\_\_

### Please read the following before signing this form.

By signing below, I certify that all of the information in this declaration form is true. It is a crime to knowingly provide any false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

## SIGNATURE

Member signature \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

Subscriber signature \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

### Mail this completed form to:

Kaiser Foundation Health Plan of the Northwest  
Attn: Individuals and Families Plans  
P.O. Box 203007  
Denver, CO 80220-9007

Or fax to 1-866-846-2650

**Nonsmoker premiums are effective the first billing period following receipt and approval of this declaration form by Kaiser Foundation Health Plan of the Northwest. For further information, call 1-800-914-5519.**