

**Health Insurance – Certification for Discounted Rate**  
**St. Petersburg College**  
**2009-2010**

The purpose of this form is to: 1) document whether you qualify for the discounted health insurance rate that is for non-smokers with non-smoking dependents or; 2) to decline the discounted rate.

To qualify for the discounted health insurance rate, you and your dependents covered through the college's health insurance program must not use cigarettes, cigars or pipes.

***Please note:*** *St. Petersburg College reserves the right to test participating employees for cigarette, cigar or pipe use and to adjust health insurance rates as appropriate if false information is submitted or you fail to notify us that you or your dependents are no longer eligible for the non-smoker's discount.*

*Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.*

**Non-smoker certification**

***Sign only if you and all your covered dependents are non-smokers.***

*I certify that neither I nor my dependents covered by Aetna insurance through the college use cigarettes, cigars or pipes.*

Employee's name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
(printed)

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Notification to decline discounted rate***

***decline the discounted rate offered to non-smokers.***

Employee's name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
(printed)

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_