Missouri Consolidated Health Care Plan

Tobacco-Free Promise

Submit this form
Online: Upload through myMCHCP
Fax: 866-346-8785
Mail: PO Box 104355
Jefferson City, MO 65110-4355

ST TFA

Revised 07/2026

Instructions

Please Print Clearly.

To receive the monthly premium reduction, subscriber and spouse must submit either the Tobacco-Free or Quit Tobacco Promise form. Separate forms for the subscriber and spouse may be submitted.

Section 1: Subscriber Information

Name (Last, First, MI): ☐ New Name

Address: ☐ New Address

City: **State**: **Zip Code**:

OR

MCHCP ID: -

Social Security Number: - -

Date of Birth (MM/DD/YYYY): / /

Section 2: Spouse Information (Must be enrolled in Medical)

Name (Last, First, MI):

Social Security Number: - -

Section 3: Tobacco-Free Promise (for Non-Tobacco Users)

1. I have not used tobacco products in the past 3 months and will not use tobacco products throughout the remainder of the year covered by this incentive.
2. I understand that it is my responsibility to submit a Tobacco-Free Promise form either online, by mail, by fax, uploaded through my myMCHCP account, or in person. I understand that the incentive begins the first day of the second month after MCHCP receives this form and I complete all requirements.
3. I understand that if I am adding medical coverage, then MCHCP must receive this form within thirty-one (31) days of my medical coverage effective date for the incentive to be effective on the same date that my medical coverage is effective. Otherwise, the incentive will begin as described in item 2.
4. I understand that the incentive is for a set period of time and may need to be renewed upon notice.
5. I understand that if I begin using tobacco products, I must notify MCHCP by phone, fax, or mail the next business day. MCHCP will then mail me the Quit Tobacco Road Map.
6. I understand that this is a legally binding document and that under Missouri law (§103.057 RSMo) I could be subject to fines or imprisonment if I knowingly make a false statement in an attempt to defraud MCHCP. With that knowledge, I hereby attest that my statement about my tobacco use is accurate.

Section 4: Signature(s)

I attest to being tobacco-free.

Subscriber Signature:

Date (MM/DD/YYYY): / /

I attest to being tobacco-free.

Spouse Signature:

Date (MM/DD/YYYY): / /