Missouri Consolidated Health Care Plan

Quit Tobacco 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

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To receive the monthly premium reduction, the subscriber and spouse must each submit a Tobacco-Free Promise Form or Quit Tobacco Promise Form. If submitting a Quit Tobacco Promise Form, you must also agree to receive the Quit Tobacco Road Map.

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: Quit Tobacco Promise (for Tobacco Users)

1. I currently use tobacco products or have used tobacco products within the past 3 months.
2. I understand that it is my responsibility to submit a Quit Tobacco Promise form either online, by mail, by fax, uploaded through my myMCHCP account, or in person.
3. I understand that I can download a Quit Tobacco Road Map from my myMCHCP account or MCHCP will mail me a Quit Tobacco Road Map.
4. I understand that the incentive begins the first day of the second month after MCHCP receives this form and I complete all requirements.
5. I understand that if I am adding medical coverage, then MCHCP must receive this form and I must agree to receive the Quit Tobacco Road Map 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 4.
6. I understand that the incentive is for a set period of time and may need to be renewed upon notice.
7. 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 that I currently use tobacco or have used tobacco within the last 3 months, and I will either download the Quit Tobacco Road Map from my myMCHCP account or receive it in the mail to help me try to quit using tobacco.

Subscriber Signature:

Date (MM/DD/YYYY): / /

I attest that I currently use tobacco or have used tobacco within the last 3 months, and I will either download the Quit Tobacco Road Map from my myMCHCP account or receive it in the mail to help me try to quit using tobacco.

Spouse Signature:

Date (MM/DD/YYYY): / /