



**Missouri Consolidated Health Care Plan**  
 573-751-0771 · 800-487-0771 · www.mchcp.org  
 832 Weathered Rock Court, Jefferson City, MO 65101



**Submit this form:**

**Online:** Upload through myMCHCP

**Fax:** 866-346-8785

**Mail:** PO Box 104355  
 Jefferson City, MO 65110-4355

**MCHCP Use Only**

**ST TFA**

**2017  
 Quit Tobacco Promise**

**Instructions**

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

**Section 1 – Subscriber Information**

**Name** (Last, First, Middle Initial): \_\_\_\_\_

**MCHCPid** (Provide either MCHCPid or Social Security Number) \_\_\_\_\_

**Address:** \_\_\_\_\_

or **Social Security Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Date of Birth** (MM/DD/YYYY): \_\_\_\_\_

**Section 2 – Spouse Information (if eligible)**

**Name** (Last, First, Middle Initial): \_\_\_\_\_

**Date of Birth** (MM/DD/YYYY): \_\_\_\_\_

**Section 3 – Quit Tobacco Promise (for Tobacco Users)**

1. I currently use tobacco products or have used tobacco products within the past three months.
2. I understand that it is my responsibility to submit a Quit Tobacco Promise form online, by mail, 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 begins no earlier than January 1, 2017, and ends December 31, 2017.
7. I understand 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 status is accurate.

**Section 4 – Signature**

I currently use tobacco or have used tobacco within the last 3 months, but I attest to 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 currently use tobacco or have used tobacco within the last 3 months, but I attest to 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): \_\_\_\_\_

