



Tobacco Cessation Course Completion Affidavit

If you and/or your spouse/domestic partner wish to complete the Reasonable Alternative Compliance Program to avoid or remove the Tobacco/Nicotine User Premium, you must complete the Tobacco Cessation Course and submit a Certificate of Completion for each person named on this form along with this completed form to the Benefit Center.

TEAMMATE AND/OR SPOUSE/DOMESTIC PARTNER INFORMATION

Teammate has used tobacco/nicotine within the last 90 days: ☐ Yes ☐ No

Teammate has completed the Tobacco Cessation Course*: ☐ Yes ☐ No

Spouse/Domestic Partner has used tobacco/nicotine within the last 90 days: ☐ Yes ☐ No ☐ N/A

Spouse/Domestic Partner has completed the Tobacco Cessation Course*: ☐ Yes ☐ No ☐ N/A

**If yes, Course Completion Certificate must be submitted with this form*

Teammate Last Name: _____ Teammate First Name: _____

Last 4 Digits of Teammate Social Security Number : _____ (Form cannot be processed without this information)

Teammate Phone Number: _____

Teammate Email Address: _____

Spouse/Domestic Partner Name (If applicable)

Last Name: _____ First Name: _____

TOBACCO CESSATION COURSE INFORMATION

To take the tobacco cessation course, go to businessolver.litmos.com/online-courses and click on AMSURG Tobacco Cessation. **This program is free to you.** Detailed instructions are on page two of this document.

You will need to submit this form along with the certificate of completion via the "Change My Benefits" option on [AMSURG-Benefits.com](https://amsurg-benefits.com) in order to avoid or remove the Tobacco/Nicotine User Premium. More details regarding submission are on the following page.

I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may result in cancellation of coverage for me, my spouse/domestic partner, and my dependents. I understand that my falsification of information may subject me to disciplinary action up to and including termination of employment. I understand that the Plan has the right to audit eligibility and may request documentation of the information I have provided.

Teammate Signature: _____ Date: _____

Spouse/Domestic Partner Signature: _____ Date: _____
(If applicable)



TOBACCO CESSATION COURSE COMPLETION AFFIDAVIT INSTRUCTIONS

IMPORTANT: Each tobacco/nicotine user named on this form must complete the Tobacco/Nicotine Cessation Course separately, and therefore must complete steps 1-3 below individually.

1. Go to businessolver.litmos.com/online-courses and click on AMSURG Tobacco Cessation, and then “Add to cart.” Enter your name and email, and click “Check Out.” You will receive an email from Businessolver with course login details.
2. Click the link in the email, create a password and click “Continue.” Select the Tobacco Cessation course. Follow the instructions to complete the course in its entirety. If interactions or quizzes are skipped or a video is not watched, the course will not be marked as complete.
3. Once the course is 100% complete, return to the course landing page. Click on the “Achievements” tab on the left of the page to access and download and/or print your Course Completion Certificate.
4. Complete the Tobacco Cessation Affidavit found on Page 1.
5. Submit this form along with your course completion certificate(s) on AMSURG-Benefits.com.
 - Visit AMSURG-Benefits.com from your computer, smartphone or tablet. If you have not registered, click Register to create your username, password and security questions. Our company key is AMSURG (case-sensitive). If you have already registered and need to reset your password, click “Forgot your username or password?” under the Login button.
 - Select “Change My Benefits” from the “I Need Help With...” menu, or select the Change My Benefits tile on the homepage. Click the “Change my Benefits” button at the top of the next page.
 - On the Reasons for Change screen, select Life Event, and then choose the “Tobacco/Nicotine Cessation Course Completion” Option.
 - Enter an effective date for the change, and select Continue. Follow the prompts to submit your change and upload your documentation, which should include this form and your Course Completion Certificate(s).

QUESTIONS?

Contact the Benefits Center at 1-888-305-7027 which is available Monday-Friday from 8 a.m. to 8 p.m. ET.