

**PMB0141-1**  
**BUREAU OF HUMAN RESOURCES**  
**BENEFITS PROGRAM**  
500 East Capitol Avenue  
Pierre, SD 57501  
Phone: 605.773.3148 or  
877.573.7347, option 2  
Fax: 605.773.6840

### Tobacco Use Election Form



The tobacco use election form must be completed to ensure the correct contribution rates are deducted for your health care coverage during the plan year. This assures correct payment of any health or life benefits, which you may be entitled to.

Please make your tobacco election below. Then sign and date the form and return it to the Bureau of Human Resources.

<b>Select one answer from each column (if applicable).</b>	
<input type="checkbox"/> I am <b>not</b> a tobacco user	<input type="checkbox"/> My covered spouse is <b>not</b> a tobacco user
<input type="checkbox"/> I am a tobacco user	<input type="checkbox"/> My covered spouse is a tobacco user

I quit using tobacco on \_\_\_\_\_  
(date)

**Note:** If you were a tobacco user and have now quit, you must be tobacco free for at least 120 days.

**Note:** The South Dakota State Employee Benefits Program reserves the right to verify your use of tobacco products during the plan year. You could face disciplinary action and reduction or loss of your health and life benefits if you misrepresent tobacco use election for you and/or your covered spouse.

Print Employee Name		Employee SSN or Identification #	
Street Address	City	State	Zip Code
Employee Signature		Date	