



Request for Reconsideration of Tobacco Rate

Member Name: _____ ID Number: _____

I wish to submit the following request to reconsider the Tobacco rate on my coverage.

Answer each of the following questions completely and accurately for you, your spouse, and all dependent children on this contract. **We will not be able to process this request without the requested information.**

Have you, your spouse, or any dependent children on this contract ever used tobacco in any form (i.e., cigarettes, cigars, pipe, chewing tobacco or snuff)? **Circle: YES or NO**

If the answer is yes, please list name(s) and relationship: _____

If you, your spouse, or any dependents on this contract are no longer using tobacco products, please identify the person and the last date of use:

Name:	Last Date of Tobacco Use:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Use the space below to provide any additional information for reconsideration.

Please send this form along with any documentation to the below address:

TRH Health Plans
Attention: Billing Department
P.O. Box 313
Columbia, TN 38402-0313

I understand the information in this request for reconsideration and any information obtained with this authorization will be used by TRH to determine the outcome of this reconsideration. I declare that the foregoing statements provided by me on this request in its entirety are true, correct and complete for myself, my spouse and all dependent children.

Member Signature: _____ Spouse Signature: _____ Date: _____