Letter of Attestation

By signing below, I _____ certify that I have completed the Tobacco Cessation Program with Cigna.

I understand that completion of this program qualifies me for a refund of any tobacco surcharges paid during the current calendar year, and waiver of the surcharge for the remainder of the year.

I understand this program must be completed annually to continue qualifying for surcharge refunds in future plan years.

_____

Signature

_____

Date