



UNIVERSITY OF ARKANSAS SYSTEM

**2018 Voluntary Wellness Program through Onlife Health
Alternative Cessation Program Enrollment Form**

Deadline to complete this form and return is November 17, 2017.

Full Name:	
Phone Number:	
Date of Birth:	
Address:	
UMR Health Plan ID Number:	

<p><u>Online Programs:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Quit for Life <input type="checkbox"/> SOS Quit Now <input type="checkbox"/> Fresh Start <input type="checkbox"/> Other _____ <p>Start Date: _____</p> <p><u>Other Programs:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Physician Supervision <input type="checkbox"/> Hospital/Clinic Based Program <input type="checkbox"/> Freedom from Smoking Support Group <input type="checkbox"/> Other - _____ <p>Start Date: _____</p>	<p><u>Community Sponsored Programs:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> American Cancer Society <input type="checkbox"/> Arkansas Department of Health <input type="checkbox"/> Think Free <input type="checkbox"/> Other - _____ <p>Start Date: _____</p> <p>OR:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am requesting a one-time extension to complete enrollment in a cessation program. I understand the extension ends on December 22, 2017.
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*For current users, enrollment and participation in a cessation program is a requirement of the wellness program.

I understand that any false statements may disqualify me for benefits.

Signature: _____ **Date (MM/DD/YYYY):** ____ / ____ / ____

PLEASE RETURN THIS FORM TO:
University of Arkansas System
Attn: Health Plan Administration
2404 North University Avenue
Little Rock, Arkansas 72207

or
Fax: 501-686-2939

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