



Regence BlueShield is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueShield
1800 Ninth Avenue
Seattle, Washington 98111-3267

Mail form to: PO Box 1200
Portland, OR 97207
Fax form to: 1 (866) 303-5117

Non-Smoker Certification Statement

I certify that I have not smoked cigarettes, cigars, pipes, or used chewing tobacco, smokeless tobacco or any other form of tobacco or used any illegal drug substance within the past 12 months.

Policyholder: Yes No Spouse/Domestic Partner: Yes No

Policyholder's Name (please print) _____

Spouse/Domestic Partner's Name (please print) _____

Member Identification Number

--	--	--	--	--	--	--	--	--	--

Phone Number () _____

Policyholder's Signature _____ Date _____

Spouse/Domestic Partner's Signature _____ Date _____

The change will be effective on the 1st of the month after the form is received by Regence BlueShield.

***Please Note:** Regence BlueShield reserves the right to cancel coverage and collect claims payments or other damages, if false information is submitted or if you fail to notify us that you are no longer eligible.

