RESET FORM

Amendment to Original Application

Please return this completed form to your personnel, payroll, insurance, or benefits office. The change in rate will be effective the first of the month following the signature date.

Name **Washington State Health Care Authority**	
Group Number 12373-1	Account Number ☐ Account 10 Higher-Education Employees ☐ Account 30 K-12 Employees ☐ Account 20 State Employees ☐ Accout 40 Political Subdivision Employees
Applicant Name - Please Print (Last, First, M.I.)	
Birth Date	Social Security Number

For purposes of applying for the NON-TOBACCO USER RATE, I hereby amend my application for insurance to include my and/or my spouse/registered domestic partner's answer to the following questions, agreeing that this amendment is to be made a part of my application and considered as a basis of the contract for insurance.

Tobacco products
Any product made with or derived from tobacco that is intended for human consumption including any component, part, or accessory of a tobacco product. This includes, but is not limited to cigars, cigarettes, chewing tobacco, snuff, and other tobacco products. It does not included U.S. Food and Drug Administration (FDA) approved quit aids or e-cigarettes until their tobacco related status is determined by the FDA.

Tobacco use
Tobacco use is defined as any use of tobacco products within the past two months. It does not include the religious or ceremonial use of tobacco.

1. Have you used tobacco products in the last 2 months? ☐ Yes ☐ No
2. Is your spouse/registered domestic partner covered by spouse/registered domestic partner Supplemental Life Insurance? ☐ Yes ☐ No
3. If yes, has your spouse/registered domestic partner used tobacco products in the last 2 months? ☐ Yes ☐ No

The Tobacco User premium rate applies:

- To the employee if s/he has used tobacco products in the last 2 months; or
- To the employee and the spouse/registered domestic partner covered under the spouse/registered domestic partner Supplemental Life Insurance if either person has used tobacco products in the last 2 months.

Dated on this _____ day of _____, in the year, _____

_____
Signature of Employee

_____
Signature of Owner (if other than Employee)

Insurance is underwritten by ReliaStar Life Insurance Company, a member of the Voya™ family of companies