



Quit Smoking Form

Effective January 1, 2011 DriveTime became a tobacco-free company. DriveTime will assist you in kicking the habit by reimbursing you for one of the qualifying methods listed below.

Name: _____

Signature: _____

Employee ID: _____

You must include all of the following documents (where applicable):

- Physician's Note (on letterhead or Rx pad) describing Quit Smoking Plan
- Itemized receipt from Quit Smoking office visit
- Itemized receipt from Quit Smoking product (check all that apply) *Must be FDA-approved*
 - Over-the-Counter Item (i.e. gum, patch)
 - Prescription
 - Professional Counseling/Office Visit
 - Smoking Cessation Classes

Please fax this form with the required documents listed above to (888) 505-7130 ATTN: Benefits. Be sure to keep a copy of these documents for your records. Incomplete requests will not be processed.

If you do not receive your reimbursement within 2 weeks, please contact the Benefits Department via Benefits Service Request through Outlook, or email benefits@drivetime.com.