



Quit Smoking Form

According to the American Lung Association, smoking-related diseases claim an estimated 438,000 American lives each year. DriveTime will assist you in kicking the habit by reimbursing you for one of the qualifying methods listed below.

Name: _____

Signature: _____

Employee ID: _____

Address: _____

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)
 - Over-the-Counter Item (i.e. gum, patch)
 - Prescription
 - Professional Assistance (i.e. clinic, acupuncture)
 - Smoking Cessation Classes

Please fax this form with the required documents listed above to (866) 665-7197 ATTN: Benefits Team. 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 at (888) 781-5654, Option 1.

The maximum reimbursement allowed per year is \$250 for prescriptions/over-the-counter items and \$750 for treatment.