

Request for Reconsideration of Tobacco Rate

General Information

Please send this form along with any documentation to the address listed in the upper right hand corner.

Subscriber Information

First Name	MI	Last Name
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Health Plan Subscriber ID Number

Tobacco Use Information

- Answer the following question completely and accurately.
- **This request will not be processed without the requested information.**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used tobacco in any form (i.e. cigarettes, cigars, pipe, chewing tobacco or snuff)? If Yes, last date of tobacco use:
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Use the space below to provide any additional information for reconsideration.

Authorization

I understand the information in this request for reconsideration and any information obtained with this authorization will be used by Michigan Farm Bureau Health Plans to determine the outcome of the reconsideration. I declare that the foregoing statements provided by me on this request in its entirety are true, correct and complete.

Subscriber Signature _____	Today's Date _____
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A scanned, imaged or photocopied version of this completely executed form will have the same force and effect as the original document.