

MCHA Change to a Standard (Non-Tobacco) Premium Rate - Request Form



MCHA Policyholder must submit this form to request their MCHA premium be changed from a Tobacco-User Premium Rate to a Standard (non-tobacco user) Premium Rate. An MCHA Policyholder and/or member can change to a Standard (non-tobacco user) Premium Rate if they have been tobacco free for one year. The policyholder / member must request their physician certify, by completing this form, that tobacco or tobacco cessation products have not been used within the 12 month period immediately preceding the date of this request. The effective date of the premium change will be the first of the month following the receipt of this request form. If you require information regarding this form or require information regarding MCHA premium rates, please contact MCHA Customer Service using the appropriate phone number as listed on the bottom of this form.

Tobacco and Tobacco cessation products include, but are not limited to:

Smoking cigarettes, cigars, pipe, use of chewing tobacco , snuff or have used nicotine chewing gum, the nicotine patch or other prescription or over-the-counter cessation products.

I am requesting my MCHA premium be changed to a Standard (non-tobacco user) Premium Rate. Neither I nor my dependent covered spouse (if applicable) have used tobacco or a tobacco cessation product within the 12-month period immediately preceding the date of this request.

Policyholder/Spouse Name (please print):	MCHA ID # (from your MCHA ID card):				
Physician Certification: I certify that _____ has not used tobacco or a tobacco cessation product within the 12-month period immediately preceding the date of this request. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Print Physician Name</td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Date</td> </tr> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Physician Signature</td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Physician's Office Phone Number</td> </tr> </table>		Print Physician Name	Date	Physician Signature	Physician's Office Phone Number
Print Physician Name	Date				
Physician Signature	Physician's Office Phone Number				
<u>Important Information</u> <ul style="list-style-type: none"> <i>To assure adequate timing to adjust the MCHA billing system, <u>your request must be received by MCHA Customer Service by the 10th day of the previous month, for the change to be recognized the first of the following month.</u> If you are on quarterly billing, you may receive a credit depending on the timing of your requested change within the calendar year quarter. If you have the automatic payment option process (ACH) for quarterly billing, any credited amount will be recognized on the following ACH quarterly payment.</i> <i>For administrative purposes, when your premium rate is changed, your MCHA ID number will also change.</i> 					
Policyholder Signature:	Date of Request:				

Please complete this form and mail to:

MCHA / Medica Enrollment Department
 MN 015-2838
 4316 Rice Lake Road
 Duluth, MN 55811

Or FAX this form to:

MCHA / Medica
 Attn: Enrollment Department
1-218-279-6493

Questions call MCHA Customer Service at:

Non-Medicare: 1-866-894-8053.
Medicare: 952-992-2443 or 1-800-325-3540.
 Hearing impaired call **The National Relay Center** at 1-800-855-2880 and ask for the number above.