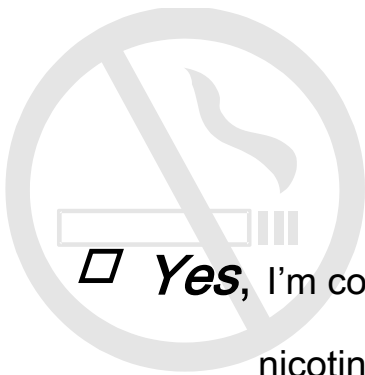




# Wellness Program

## Nicotine Replacement Program



**Yes**, I'm committed to kicking the habit! Please register me for the MCSIG nicotine replacement program (nicotine patches and gum).

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

I understand that in order to qualify for the 80% reimbursement, I must meet the following criteria:

- 1) **Return this form and receive approval** from MCSIG. All MCSIG members are eligible for the program. Participation in the program is voluntary and all results will remain confidential.
- 2) **Successful completion of an approved smoking cessation class** is suggested in conjunction with the nicotine replacement therapy. Classes are available at Salinas Valley Memorial Hospital (SVMH) and Community Hospital of Monterey Peninsula.

Call to register for the classes or find out when the next one starts. State that you are a MCSIG member and you will receive a 50% discount on registration at SVMH. You must attend 80% of the sessions to receive the MCSIG class discount at SVMH.

Salinas Valley Memorial Hospital  
**Fresh Start -Quit Smoking Class**  
 \$40.00 Series 5:30-7:30 pm  
 759-1890

Community Hospital of Monterey Peninsula  
**Pulmonary Rehabilitation Program\*\***  
 Features: 1-on-1 counseling, prescriptions and a support group  
 625-4765  
*\*\* Member is responsible for all program costs.*

- 3) **Agree to be monitored for one-year** to track abstinence rates of program participants. You will be contacted by phone, e-mail or mail at 6 months and 1 year and asked if you remain smoke free. Your response will not affect reimbursement of nicotine replacement aids.
- 4) **Submit receipts** to MCSIG for nicotine replacement aids and proof of class attendance if you completed a program. Reimbursements will be limited to 80% of the cost of nicotine patches or gum not to exceed \$400.00. Participants will be limited to one 90-day treatment regiment per year. **All expenses incurred in excess of the \$320.00 reimbursement maximum will be the responsibility of the participant.**

Signature \_\_\_\_\_ Date \_\_\_\_\_