



clearhealthalliance.com/member

**Healthy Rewards™ Healthy Behaviors
Attend Quit Tobacco Meetings**

Member name: _____ Date of birth: _____

Member ID #: _____ Cellphone number: _____

Email address: _____

Street address City State ZIP code

Primary parent/caregiver name (if applicable): _____

Directions:

1. Enroll in the Smoking Cessation Program in Healthy Rewards by visiting the Benefit Reward Hub at clearhealthalliance.com/member or by calling **888-990-8681 (TTY 711)** Monday through Friday from 9 a.m. to 8 p.m. Eastern time.
2. Visit your doctor for a support visit.
3. Choose and attend a quit-smoking program/support group. Here are two choices.

Tobacco-Free Florida

Online:

- quitnow.net/florida
- tobaccofreeflorida.com
- tobaccofreeflorida.com/teens

Phone:

877-U-CAN-NOW (877-822-6669) to talk to a Quit Coach® on the Florida Quit Line

Area Health Education Center

Online:

- ahectobacco.com for classes in the community

Phone:

877-QUIT-NOW-6 (877-848-6696)

4. Email a completed copy of this form and your program attendance certificate to healthybehaviors@simplyhealthcareplans.com.

Receive your \$50 gift card reward. Rewards may not be used on gambling, alcohol, tobacco, or prescription drugs.

Note: Once you're enrolled in this program, you must complete the steps listed above within 12 months to earn the reward.



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**Healthy Rewards™ Healthy Behaviors
Smoking Cessation Program
One Month Tobacco Free**

Member name: _____ Date of birth: _____

Member ID #: _____ Cellphone number: _____

Email address: _____

Street address City State ZIP code

Primary parent/caregiver name (if applicable): _____

After you've enrolled in this program:

1. Enroll in the Smoking Cessation Program in Healthy Rewards by visiting the Benefit Reward Hub at clearhealthalliance.com/member or by calling **888-990-8681 (TTY 711)** Monday through Friday from 9 a.m. to 8 p.m. Eastern time.
2. Quit smoking, vaping, and using tobacco for one month.
3. Attend a quit-smoking program/support group. (This is optional.)
4. Follow your care plan.
5. Sign below. Ask your doctor to sign, too.

Sign your name: _____ Date: _____

Have doctor sign their name: _____ Date: _____

6. Email this completed form to healthybehaviors@simplyhealthcareplans.com.

Receive your \$50 gift card reward. Rewards may not be used on gambling, alcohol, tobacco, or prescription drugs.

Note: Once you're enrolled in this program, you must complete the steps listed above within 12 months to earn the reward.



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**Healthy Rewards™ Healthy Behaviors
Smoking Cessation Program
Three Months Tobacco Free**

Member name: _____ Date of birth: _____

Member ID #: _____ Cellphone number: _____

Email address: _____

Street address City State ZIP code

Primary parent/caregiver name (if applicable): _____

After you've enrolled in this program:

1. Enroll in the Smoking Cessation Program in Healthy Rewards by visiting the Benefit Reward Hub at clearhealthalliance.com/member or by calling **888-990-8681 (TTY 711)** Monday through Friday from 9 a.m. to 8 p.m. Eastern time.
2. Quit smoking, vaping, and using tobacco for three months.
3. Attend a quit-smoking program/support group. (This is optional.)
4. Follow your care plan.
5. Sign below. Ask your doctor to sign, too.

Sign your name: _____ Date: _____

Have doctor sign their name: _____ Date: _____

6. Email this completed form to healthybehaviors@simplyhealthcareplans.com.

Receive your \$50 gift card reward. Rewards may not be used on gambling, alcohol, tobacco, or prescription drugs.

Note: Once you're enrolled in this program, you must complete the steps listed above within 12 months to earn the reward.