



Healthy Rewards[™] Healthy Behaviors Smoking Cessation Program – Form 1 Attend Quit Tobacco Meetings

Member name:		_ Date of birth:	
Member ID #:	Cell phone number:		
Email address:			
Street address	City	State	ZIP code
Primary parent/caregiver name	e (if applicable):		

Directions:

- Enroll in the Smoking Cessation Program in Healthy Rewards by visiting the Benefit Reward Hub at simplyhealthcareplans.com/floridahealthykids 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	Area Health Education Center		
Online:	Online:		
 quitnow.net/florida tobaccofreeflorida.com tobaccofreeflorida.com/teens 	 ahectobacco.com for classes in the community 		
Phone:	Phone:		
877-U-CAN-NOW (877-822-6669) to talk to a Quit Coach [®] on the Florida Quit Line	87-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.



Healthy Rewards[™] Healthy Behaviors Smoking Cessation Program – Form 2 One Month Tobacco Free

Member name:		Date of birth:	
Member ID #: Cell phone number:			
Email address:			
Street address	City	State	ZIP code
Primary parent/caregiver name (if applic	able):		
After you've enrolled in this program:			
1. Quit smoking, vaping, and using	tobacco for one month		
2. Attend a quit-smoking program/	support group. (This is	optional.)	
3. Follow your care plan.			
4. Sign below. Ask your doctor to s	ign, too.		
Sign your name:		Date:	
Have doctor sign their name:		Date:	

5. 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.

To enroll in the Smoking Cessation Program in Healthy Rewards by visiting the Benefit Reward Hub at **simplyhealthcareplans.com/floridahealthykids** or by calling **888-990-8681 (TTY 711)** Monday through Friday from 9 a.m. to 8 p.m. Eastern time.



simplyhealthcareplans.com

Healthy Rewards[™] Healthy Behaviors Smoking Cessation Program – Form 3 Three Months Tobacco Free

Member name:	Date of birth:		
Member ID #:	Cell phone number:		
Email address:			
Street address	City	State	ZIP code
Primary parent/caregiver name (if a	applicable):		
After you've enrolled in this program	m:		
1. Quit smoking, vaping, and	using tobacco for three months.		
2. Attend a quit-smoking prog	gram/support group. (This is opti	onal.)	
3. Follow your care plan.			
4. Sign below. Ask your docto	r to sign, too.		
Sign your name:		Date:	
Have doctor sign their name:		Date:	

5. 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.

To enroll in the Smoking Cessation Program in Healthy Rewards by visiting the Benefit Reward Hub at **simplyhealthcareplans.com/floridahealthykids** or by calling **888-990-8681 (TTY 711)** Monday through Friday from 9 a.m. to 8 p.m. Eastern time.