



Dear Member's Parent or Guardian:

**Thank you for your interest in our Smoking Cessation (SMO) Healthy Behaviors Rewards Programs.** You're getting this mailing because your child's case manager or doctor referred your child, you referred your child or you've found this on our website. Your child's health is important to us. We will support and reward your child for taking steps to better health through our programs.

There are three separate SMO programs your child can join. Each program has different steps to follow to earn a reward. Read the program forms attached for details. Your child can enroll in one or more SMO programs if and when they like. It's your child's choice. When ready, just tell your child's case manager or doctor when your child wants to enroll in an SMO program.

When your child completes each program, they will get a gift card reward!

**Want to enroll?** Send us your child's enrollment form. To enroll your child in another program later, send us this form again. Download a copy from our website, [www.simplyhealthcareplans.com/floridahealthykids](http://www.simplyhealthcareplans.com/floridahealthykids).

**Then, follow these steps:**

1. See your child's doctor and follow the plan for each program in which your child has enrolled.
2. Fill out the form for each program in which your child has enrolled.
3. Let us know your child completed a program. Send the form to us in one of these ways:
  - **Mail:** Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
  - **Fax:** 1-877-614-5321
  - **Email:** [HealthyBehaviors@simplyhealthcareplans.com](mailto:HealthyBehaviors@simplyhealthcareplans.com)
4. Get your child's reward!

**Have questions or need help?** Call us at 1-844-405-4298 (TTY 711) or email us at [HealthyBehaviors@simplyhealthcareplans.com](mailto:HealthyBehaviors@simplyhealthcareplans.com).

Enclosures:      Enrollment form  
                         Program forms  
                         Nondiscrimination notice  
                         Get help in another language

**Smoking Cessation Healthy Behaviors Rewards Programs  
Enrollment Form**

Please fill out and sign this form to enroll in one or more Smoking Cessation (SMO) Healthy Behaviors Rewards Programs. For each program your child wants to enroll in, place a checkmark in the Yes, I want to enroll! table column below.

| Yes, I want to enroll! | Program | Description  | Gift card |
|------------------------|---------|--|-----------|
|                        | SMO 1   | Visit your child's primary care provider (PCP), choose a quit smoking program and submit their attendance certificate. | \$50      |
|                        | SMO 2   | Stay tobacco-free for one month and submit your child's personal and PCP attestations.                                 | \$20      |
|                        | SMO 3   | Stay tobacco-free for three months and submit your child's personal and PCP attestations.                              | \$20      |

Rewards may not be used for gambling, alcohol, tobacco or prescription drugs.

**Please tell us how to contact you.**

Member name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Cellphone number: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_  
Street address City State ZIP code

Primary parent/caregiver name: \_\_\_\_\_

**How would you like us to contact you?** (Check all that apply. Contact your child's case manager to disenroll from these communications at any time.)  Call  Text  Email

**Sign your child's name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Send us this signed form** in one of these ways:

- **Mail:** Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
- **Fax:** 1-877-614-5321
- **Email:** HealthyBehaviors@simplyhealthcareplans.com

**Have questions or need help?** Call us at 1-844-405-4298 (TTY 711) or email us at HealthyBehaviors@simplyhealthcareplans.com. Congratulations for taking a step toward better health for your child!



### Smoking Cessation Healthy Behaviors Rewards Program 1 Form

After your child has enrolled in this program, they must:

1. Visit their doctor for a support visit.
2. Choose and attend a quit-smoking program/support group.

**Tobacco-Free Florida**

- www.quitnow.net/florida
- www.tobaccofreeflorida.com
- www.tobaccofreeflorida.com/teens
- Florida Quit Line: 1-877-U-CAN-NOW (1-877-822-6669) to talk to a Quit Coach®

**Area Health Education Center**

- AHEC I Quit face-to-face classes in the local communities: www.ahectobacco.com
- Or call 1-87-QUIT-NOW-6 (1-877-848-6696)

3. Send their program attendance certificate to us by mail, fax or email (see #5 below).
4. Sign below; if under 18, sign on their behalf. Ask your child's doctor to sign, too.

Sign your child's name \_\_\_\_\_ Date \_\_\_\_\_

Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_

5. Send us this signed form in one of these ways:
  - Mail: Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
  - Fax: 1-877-614-5321
  - Email: HealthyBehaviors@simplyhealthcareplans.com

**Then, you'll get a reward certificate in the mail! You will use it to order your child's \$50 gift card.** Rewards may not be used for gambling, alcohol, tobacco or prescription drugs.

**Note:** Once your child has enrolled in this program, the steps listed above must be completed within 12 months to earn the reward.

**We want to stay in touch. Please tell us how to reach you.**

Member name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Cellphone number: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_  
Street address City State ZIP code

Primary parent/caregiver name: \_\_\_\_\_

### Smoking Cessation Healthy Behaviors Rewards Program 2 Form

After your child has enrolled in this program, they must:

1. Quit smoking, vaping and using tobacco for one month.
2. Attend a quit-smoking program/support group. (This is optional.)
3. Follow their care plan and remain tobacco-free for one month.
4. Sign below; if under 18, sign on their behalf. Ask your child's doctor to sign, too.

Sign your child's name \_\_\_\_\_ Date \_\_\_\_\_

Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_

5. Send us this signed form in one of these ways:
  - Mail: Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
  - Fax: 1-877-614-5321
  - Email: HealthyBehaviors@simplyhealthcareplans.com

**Then, you'll get a reward certificate in the mail! You will use it to order your child's \$20 gift card.** Rewards may not be used for gambling, alcohol, tobacco or prescription drugs.

**Note:** Once your child has enrolled in this program, the steps listed above must be completed within 12 months to earn the reward.

**We want to stay in touch. Please tell us how to reach you.**

Member name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Cellphone number: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_  
Street address City State ZIP code

Primary parent/caregiver name: \_\_\_\_\_

### Smoking Cessation Healthy Behaviors Rewards Program 3 Form

After your child has enrolled in this program, they must:

1. Quit smoking, vaping and using tobacco for three months.
2. Attend a quit-smoking program/support group. (This is optional.)
3. Follow their care plan and remain tobacco-free for three months.
4. Sign below; if under 18, sign on their behalf. Ask your child's doctor to sign, too.

Sign your child's name \_\_\_\_\_ Date \_\_\_\_\_

Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_

5. Send us this signed form in one of these ways:
  - Mail: Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
  - Fax: 1-877-614-5321
  - Email: HealthyBehaviors@simplyhealthcareplans.com

**Then, you'll get a reward certificate in the mail! You will use it to order your child's \$20 gift card.** Rewards may not be used for gambling, alcohol, tobacco or prescription drugs.

**Note:** Once your child has enrolled in this program, the steps listed above must be completed within 12 months to earn the reward.

**We want to stay in touch. Please tell us how to reach you.**

Member name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Cellphone number: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_  
Street address City State ZIP code

Primary parent/caregiver name: \_\_\_\_\_