

Blue Cross & Blue Shield of Mississippi Underwritten Group Tobacco-free Workplace Letter of Understanding

This Letter of Understanding is entered into by and between _____, hereinafter referred to as Group and Blue Cross & Blue Shield of Mississippi, hereinafter referred to as BCBSMS.

Group agrees to partner with BCBSMS in its commitment to a healthier Mississippi and provide a healthier environment for its employees by becoming a smoke-free/tobacco-free workplace effective _____.

Group agrees to formalize its smoke-free/tobacco-free workplace policy by documenting the requirements of a tobacco-free workplace and providing the policy to its existing and new employees and enforcing the policy.

The policy must include the following components:

- No tobacco use by employees, visitors or vendors.
- No tobacco use at Group's workplace, on Group's business property or in Group's business vehicles.
- No tobacco use by employees when working outside the office or during business travel.
- Employees must refrain from the use of tobacco on any neighboring property indoors or outdoors.
- All employees must sign a tobacco-free statement to ensure understanding of Group's workplace policy.

BCBSMS will provide Group a three percent premium reduction for being a tobacco-free workplace on the applicable effective date. BCBSMS will offer its "be smoke-free" Program to Group's employees and their dependents covered under the Group's BCBSMS Benefit Plan. The program will be provided to Group at no cost to the Group or its covered employees and their covered dependents.

Group will facilitate the offering of the BCBSMS "be smoke-free" Program to its employees covered under the Group's BCBSMS Benefit Plan.

Group

Blue Cross & Blue Shield of Mississippi,
A Mutual Insurance Company

Signature

Signature

Name

Name

Date

Date