



# Tobacco Cessation Reimbursement Form

(Submit one form at 3 months and 6 months as needed)

## 1. Employee Information

Name and Employee ID Number \_\_\_\_\_

Craft or Department \_\_\_\_\_

## 2. Type of Tobacco Cessation Program (check one)

Therapy/Classes       Nicotine Patches       Nicotine Gum       Other

(if other, specify) \_\_\_\_\_

Date began program \_\_\_\_\_ Date completed program \_\_\_\_\_

Is this your first time to complete a tobacco cessation program?       YES       NO

(if no, list other dates(s)) \_\_\_\_\_

## 3. Participant to complete:

*Note: BNSF will reimburse up to \$125.00 for employees and spouses 3 months after tobacco cessation and an additional \$125.00 after 6 months of tobacco cessation. Reimbursement subject to all applicable payroll taxes. Complete and sign below.*

- Statement: I have successfully quit tobacco use for the past (circle one) 3 months 6 months
- Amount Paid: \$ \_\_\_\_\_
- Signature: \_\_\_\_\_

## 4. Provider to complete:

*Note: BNSF requires a signature of the provider who administered tobacco cessation services or consultation. The signature below testifies that the provider has met with the BNSF participant and confirms the tobacco cessation has occurred since the date indicated below.*

- Date of Tobacco Cessation: \_\_\_\_\_
- Print Name and Telephone Number \_\_\_\_\_
- Signature: \_\_\_\_\_

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**(NOTE - IN ORDER FOR YOU TO BE REIMBURSED FOR THIS EXPENSE, YOU MUST ATTACH ALL RECEIPTS AND HAVE YOUR PERSONAL PHYSICIAN OR HEALTH PROVIDER SIGN THIS FORM ABOVE.)**

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Mail this form (*receipts attached*) to:

**Tobacco Cessation Reimbursement  
BNSF Railway  
Medical Department  
P.O. Box 961033  
Fort Worth, TX 76161-0033**



## Tobacco Cessation Reimbursement Form FAQ's

**Q: What is the Tobacco Cessation Reimbursement Program?**

A: This program has been established by the Medical & Environmental Health Department to assist BNSF employees and/or their spouses to quit the use of tobacco by offering reimbursement for participation in tobacco cessation program. This effort is in support of the company's smoke-free workplace policy (*see Human Resources Policy Manual; BNSF Smoking Policy*) and BNSF's dedication to encouraging healthy lifestyle

**Q: How does the program work?**

A: The employee (or spouse) works with a personal physician or other qualified professional health care provider or purchases over-the-counter nicotine patches or gum. When the program is complete and successful (the individual has remained tobacco free for a minimum period of 3 months) the employee will submit his/her paid receipts to the Medical Department with a signed Tobacco Cessation Reimbursement form (*address is on the form*) completed by the individual and their provider.

**Q: How much will the BNSF reimburse?**

A: BNSF will reimburse up to a maximum of \$250.00 per person for the employee and spouse beyond the amount that insurance covers. \$125.00 will be paid after the individual has remained tobacco free for 3 months and the other \$125.00 will be paid once the individual has remained tobacco free for 6 months.  
(*Reimbursement subject to all applicable payroll taxes.*)

**Q: What types of tobacco cessation programs will be accepted?**

A: Any legitimate tobacco cessation program that is supervised by a qualified health professional, including over-the-counter nicotine patches and gum, will be considered for reimbursement.  
***NOTE: the employee should check with their health insurance program first to determine if the type of tobacco cessation that his doctor prescribes will be covered by insurance.***

**Q: Where can I get a Tobacco Cessation Reimbursement Form?**

A: The brief Tobacco Cessation Reimbursement claim form is available on the BNSF Online Wellness Center and the Medical & Environmental Health Department's employee portal page.