



PPL companies

TO: Tanya D. Levine, Corporate Health & Safety Services
LG&E Center - 16th Floor
P.O. Box 32010, Louisville, KY 40232
502.627.3150

RE: Notification of Registration and Request for Reimbursement

I certify that I am utilizing the following Company approved Smoking Cessation Program, and am requesting reimbursement of program costs. I have attached my receipt(s) for program payment.

I understand that I am eligible for 50% of the program cost, not to exceed a maximum of \$150.00. I also understand that after one year, if I have continued to be "tobacco free", I will be eligible for the remaining 50% of the cost, not to exceed a maximum of \$150.00

Smoking Cessation Applicant: Stop Date

Check One: Employee Spouse Retiree Retiree Spouse

If employee, Department/Employee ID

Mailing Address:

Work Phone: Home Phone: Cell Phone:

Table with 3 columns: Check One, Approved Program, Cost. Rows include American Lung Association, Cooper Clayton method, American Cancer Society, Hypnosis, Nicotine Gum, Nicotine Patch, and Nicotine Inhaler.

- Prescription drugs are not eligible for reimbursement under the Smoking Cessation Program. Check with your benefits provider for possible coverage under your prescription benefit.

Signature:

Date