



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

RE: One Year "Tobacco Free" Notification - Request for Reimbursement

Smoking Cessation Applicant: _____ **Stop Date One Year Anniversary** _____

Check One: Employee ___ Spouse ___ Retiree ___ Retiree Spouse ___

If employee, Department/Employee ID _____

Mailing Address: _____

Work Phone: _____ **Home Phone:** _____ **Cell Phone:** _____

I certify that I have been "tobacco free" for twelve months and I am requesting the second half of my reimbursement benefit from LG&E and KU.

Signature: _____

Date _____