

If You're Ready...

...MCHHealth Advantage would like to help you

QUIT TOBACCO!



Smoking tobacco is the No. 1 cause of preventable disease and death in the United States. About 46 million American adults smoke cigarettes, but most smokers are either actively trying to quit or want to quit. Since 1965, more than 49 percent of all adults who have ever smoked have quit. – American Heart Association

With the right help you can Quit Tobacco too!

QUIT FOR LIFE Smoking Cessation Program

Quit For Life, provided by St. Patrick Hospital Wellness Center, is a four-class program offered every month. The objective of the program is to provide you with the tools you need to quit tobacco. In addition to the classes, which are taught by a clinical social worker, you will also receive a 2-week supply of nicotine patches or gum. Quit For Life has an 80% success rate for participants who attend all the classes in the program.

WHERE: Providence Center Group Room, 902 N Orange, Missoula

2010 MONTHLY SESSION DATES:

- January 11, 13, 18, 20
- February 8, 10, 15, 17
- March 8, 10, 15, 17
- April 5, 7, 12, 14
- May 10, 12, 17, 19
- June 7, 9, 14, 16
- September 6, 8, 13, 15
- October 11, 13, 18, 20
- November 8, 10, 15, 17

TIME: 6:30 pm to 8 pm

COST: \$40 covers all sessions, plus a 2-week supply of nicotine patches or gum. Payment is due in advance and reserves a place for you in the class.

TO SIGN UP: Call St. Patrick Wellness Center, 406-329-5740.

★ ***If you complete this program, MCHHealth Advantage will reimburse you the \$40 cost of the program!!!*** ★

Simply fill out the reimbursement form on the back of this flyer and return it along with a receipt of payment for the classes to the MCHHealth Advantage box located in the County Courthouse mail room. All reimbursements are subject to approval by MCHHealth Advantage Coordinators.

Name: _____ Dept: _____

The first class I attended was on (date): _____

Instructor Name: _____

Please have the class instructor certify that you attended each class by signing below.

	Date	Instructor Signature
Class 1		
Class 2		
Class 3		
Class 4		

I certify that the information on this form and all supporting documents are complete, accurate, and unaltered.

Employee Signature

Date

To receive the \$40.00 program reimbursement, return this reimbursement form AND a receipt of payment for the classes to the MCHHealth Advantage box located in the County Courthouse Mail Room. All reimbursements are subject to approval by MCHHealth Advantage Coordinators. This reimbursement is open to all Missoula County Employee Benefits Plan Members (employees, spouses, dependents, and retirees) and is limited to the first 20 participants.



Please call us with any questions concerning this program or the reimbursement:
Megan or Jennifer 541-2036.