No Tobacco Use Affidavit

To qualify for a premium reward under the group health plan, you and your spouse/civil union partner covered under the plan, must have not used tobacco products **6 months prior to the date you complete this affidavit**.

By signing this No Tobacco Use Affidavit, I certify that:

- I am a non-smoker/non-tobacco user and have not smoked a cigarette, cigar, pipe, or used tobacco products of any kind or form as of **___/___/____(6 months prior to date of affidavit).**
- My spouse/civil union partner, if applicable and covered as a dependent under my plan, is a non-smoker/tobacco user and has not smoked a cigarette, cigar, pipe, or used tobacco products of any kind or form as of **___/___/____(6 months prior to date of affidavit).**
- I understand that it is my obligation and responsibility to notify Human Resources if I and/or my spouse/civil union partner covered under the plan begin to smoke/use tobacco at any future date.
- I understand that my employer may require recertification of my non-smoker/non-tobacco user status (and/or the non-smoker/non tobacco user status of my spouse/civil union partner covered under the plan if applicable) in the future, but not more than once a year.
- I understand that any dishonest or false representation of my non-smoking/non-tobacco user status (or the non-smoking/non-tobacco user status of my spouse/civil union partner covered under the plan) will result in the immediate forfeiting of my right to participate in the wellness incentive. I further understand my employer will require reimbursement of the $100.00 gift card and if I fail to make the appropriate reimbursement, my employer may deduct the amount from my paycheck.

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Employee's First Name (Print) Last Name Employee ID Number

____

Employee's Signature Date

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Spouse's/Civil Union Partner's First Name (Print) Last Name

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Spouse's/Civil Union Partner's Signature Date