Tobacco/Nicotine Attestation

Plan Period: ***January 1, 2020 – December 31, 2020***

To support the overall health and wellness of our employees by discouraging the use of tobacco and nicotine* products, any employee covered under a [INSERT CLIENT NAME] medical plan who has not used tobacco and/or nicotine-containing products within the last 90 days will be awarded an incentive of [INSERT AMOUNT/PER MONTH/PER PAY].

Tobacco is defined as all tobacco-derived or nicotine-containing products, including but not limited to:

- Cigarettes, electronic cigarettes and any vaping device (e.g., clove, bidis, kreteks)
- Cigars and cigarillos
- Hookah smoked products
- Pipes
- Oral tobacco and nasal tobacco (e.g., smokeless, spit, spitless, chew and snuff)
- Products intended to mimic tobacco products or deliver nicotine

Nicotine is an addictive chemical commonly known for its presence in tobacco.

Please certify your current status:

☐ **I have used tobacco/nicotine* products in the last 90 days.**

☐ **I have used tobacco/nicotine* products in the last 90 days – and will enroll in a tobacco cessation program**.**

☐ **I have not used tobacco/nicotine* products of any kind for the past 90 days and will not use them in the future.** I understand that if I should use tobacco products of any kind, I must immediately notify Human Resources of this change in status.

*Other than for the purpose of cessation (i.e. the use of nicotine-containing products approved by the FDA such as: gum, patches, sprays inhalers or lozenges are allowed)

** If you complete a tobacco cessation program and show proof of completion to Human Resources by [INSERT DATE] you will be eligible for the non-tobacco incentive and will be reimbursed for missed premium or paid-back the missed premium in a pro-rated fashion for the remainder of the plan year. You will not be eligible for the incentive until the program has been completed. Contact Human Resources for more information on enrolling in a program.

I understand and agree to the above statements.

Employee Name (printed)

_____

Employee Signature

_____

Please turn this form into [INSERT NAME/HR] by [DATE] for confidential tracking.

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you (and, if you wish, with your doctor) to establish an alternative goal with the same reward that is right for you in light of your health status.