



# Tobacco/Nicotine Use Affidavit

Important: Please ensure this form is fully completed.

Name of Employee: \_\_\_\_\_

Clock Number: \_\_\_\_\_

Spitzer Industries utilizes a tobacco/nicotine user surcharge that applies for employees who are enrolled in the Spitzer Industries medical plan and use tobacco/nicotine products. This action is designed to promote good health and to offset a portion of the higher than average health care costs incurred by tobacco/nicotine users.

## Tobacco/Nicotine User Surcharge Details

If you enroll in the Spitzer Industries-sponsored medical plan and are a tobacco/nicotine user, a **\$50 monthly surcharge (\$23.08 bi-weekly surcharge)** will be added to the cost of your medical coverage and deducted from each paycheck. The tobacco/nicotine user surcharge will apply for the duration of the 2019 plan year unless you complete a reasonable alternative. Employees are expected to self-identify and disclose their tobacco/nicotine usage truthfully and honestly. *If a plan participant knowingly furnishes incorrect or incomplete information, the participant is subject to disciplinary action up to, and including, termination of employment.*

## Definition of Tobacco/Nicotine User

A "Tobacco/Nicotine User" is an employee enrolled in the Spitzer Industries-sponsored medical plan who currently uses or has used tobacco/nicotine products within the last 12 months. Current users are defined as using tobacco/nicotine products 2 times a month. Tobacco/nicotine products include but are not limited to, cigarettes, cigars, pipes, vaporizer and all smokeless tobacco/nicotine, such as chewing tobacco and dip. Any form of tobacco/nicotine use is subject to this policy.

## SECTION I: Tobacco/Nicotine Use

- Yes, I currently use tobacco/nicotine products more than once a month; Surcharge
- Yes, I currently use tobacco/nicotine products less than once a month; No Surcharge
- No, I do not use tobacco/nicotine products; No Surcharge

## SECTION II: Acknowledgement & Certification

If falsification of the tobacco/nicotine-user status is identified, Spitzer Industries reserves the right to terminate employment of the employee.

*I certify that the information provided here is accurate to the best of my knowledge. I understand that if I falsify this Affidavit, I am violating Spitzer Industries rules of ethical conduct and the Medical Plan's enrollment rules and am committing fraud. Spitzer Industries has reserved the right to take disciplinary action if I falsify this certification, including, but not limited to, termination of employment.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*Your health plan is committed to helping you achieve your best health. The reward offered for participating in the Tobacco/Nicotine-Free wellness plan is available to all employees. However, 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 the Spitzer Industries Benefits Department, and we will work with you (and your doctor, if you wish) to find a wellness program with the same reward that is right for you in light of your health status*