



## MENNONITE VILLAGE

### TOBACCO FREE AFFIDAVIT 2020-21 Plan Year

Extensive research studies reveal the dangers of tobacco use. We desire employees to experience the benefits of optimal health. Therefore, employees that choose to address tobacco use may be eligible for health insurance contribution incentives. Please place your initials next to the following statement if applicable.

\_\_\_\_\_ I AM NOT A TOBACCO USER. By making this election, I affirmatively declare that I have not used tobacco, in any form\*, for the last 6 months and will continue to refrain from tobacco use. I understand that even a single instance of tobacco use may constitute a fraudulent misrepresentation on my part and may subject me to disciplinary action. I understand that I may qualify for the monthly wellness incentive program.\*\*

An alternative way to receive the wellness incentive would be to enroll in a smoking cessation program. Please provide the following:

Name/Type of Program (class, gum, patch): \_\_\_\_\_

Date program was completed: \_\_\_\_\_

**Employee Name (please print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

#### Disclaimers:

\* Tobacco forms includes, but is not limited to, cigarettes, cigars, little cigars, cigarillos, pipes, hookah, bidis, kreteks, gutka, "spit" or "chew" tobacco, snus, dissolvable tobacco, electronic nicotine delivery devices such as e-cigarettes and e-hookah, and any other item labeled as a tobacco product by the FDA's Center for Tobacco Products.

\*\* Rewards for participating in the wellness program are available to all employees. If it is unreasonably difficult due to a medical condition for you to achieve the standards for reward under this program or if it is medically inadvisable for you to attempt to achieve the standards for reward under this program, please contact Human Resources to request a medical exclusion form.