



Tobacco Free Affidavit

To assist in the health and wellness of employees, the University will continue to reward those employees who are enrolled in the University's healthcare plan and who do not use tobacco products.

Please review this Affidavit carefully, complete the section below and then sign, date and return it to Claudia Cavallaro in the Office of Human Resources by November 16, 2015.

If you do not currently use tobacco products and have been tobacco free for at least four months, you will receive a discount on your health insurance for the 2016 plan year (Jan – Dec 2016). If you do not return this Affidavit, you will not be eligible for the discount. This will be an annual certification. The information you provide on this form will be kept confidential and will not be used for any purpose other than to determine your eligibility for the discount.

I, _____, certify and declare that one of the following is true:
Employee Name (please print)

- ☐ I am not a tobacco user and have been tobacco free for at least four months from the date of this Affidavit. I understand I am eligible for the discount.
- ☐ I am a tobacco user and understand I will not receive the discount.
- ☐ I have not been tobacco free for at least four months from the date of this Affidavit and understand I will not receive the discount this 2016 plan year.

By signing this I certify that the above information is true and correct. I acknowledge that any false statements checked or made on this Affidavit may lead to termination of coverage for me and my covered dependents under the University's healthcare plan.

Employee Signature

Date