



## Certification Regarding Tobacco Use

To support the overall health and wellness of our employees, **enrolled employees who use tobacco products in any form (including electronic delivery systems, vaping, chewing etc.) will pay an additional amount equal to 10% of the total monthly health insurance premium.**

A tobacco product is any product regulated by the FDA as such. A tobacco user is anyone who currently smokes any form of tobacco (e.g., cigarettes, cigars, pipes, electronic cigarettes, hookah), applies tobacco to the gums (e.g., dipping, chewing tobacco, or snuff), or uses nicotine gels/dissolvables regardless of the method or frequency of use, excluding duly prescribed nicotine replacement therapy products used for quitting tobacco products.

If it is unreasonably difficult due to a health factor for you to meet the requirements for preferred pricing, or if it is medically inadvisable for you to attempt to meet the requirements for preferred pricing, notify the HR Specialist and we will make a reasonable alternative available for you. For example, if you are currently being treated by a physician for nicotine addiction, we may request an affidavit from your physician.

Information on tobacco cessation programs can be obtained by calling 1-800-QUIT-NOW.

In consideration for preferred pricing on health insurance, The Arc WC reserves the right to test employees for use of tobacco products for either reasonable suspicion or as part of a random check. Failure to consent will result in the employee being subject to the tobacco surcharge. Knowingly providing false information to avoid the surcharge may result in disciplinary action up to and including termination of employment.

*To receive preferred pricing on health insurance sponsored by The Arc of Washington County, please complete this form and return it to the Human Resource Specialist. Health Plan employee participants who do not complete and return this form will be automatically classified as a tobacco user.*

<b>Application of the tobacco surcharge will be based on your responses below:</b>		
I affirm that I have not used any form of tobacco product (as defined above) within the last 6 months, regardless of the method or frequency of use.	Yes	No
The date I last used a tobacco product was _____ (mm/dd/yyyy).		

- I hereby certify that the information I provided above is complete and true.
- I understand that if I begin to use tobacco products, I must report this change to the HR Specialist in the Human Resources Department and will then be subject to the Tobacco Surcharge.
- I understand that if I use tobacco products and do not notify HR, or if I falsify my “tobacco-free” status on this certification, I may face penalties including collection of the tobacco surcharge and/or disciplinary action up to and including termination of employment.

Your name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Your signature: \_\_\_\_\_ Your employee ID: \_\_\_\_\_

*If, during the course of the plan year, you can attest to being tobacco free for six consecutive months and remain tobacco free throughout the year, your premium will be discounted for the remainder of the year according to the following schedule.*

Submit tobacco-free certification by this date	Receive preferred pricing starting on this date
3/25	4/1
6/25	7/1
9/25	10/1
During annual open enrollment	1/1