



HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION TOBACCO/SMOKE FREE AFFIDAVIT

Rev: 1 | Date: 08/22/2023 | Print Date: 08/18/20233

NOTE: This Tobacco affidavit only applies to employees participating in one of the City’s medical plans.

1. Employee Data (please print):		
LAST NAME	FIRST NAME	EMPLOYEE ID NUMBER

A tobacco user is defined as an individual who currently smokes any form of tobacco (e.g., cigarettes, cigars, pipes, vaping, electronic cigarettes) or applies tobacco to the gums (e.g., dipping, chewing tobacco, or snuff) regardless of the method or frequency of use, excluding duly prescribed nicotine replacement therapy products used for quitting.

Do you use Tobacco (currently smoke any form of tobacco or apply tobacco to the gums regardless of the method or frequency of use)? **Yes** **No**

To promote and support the health and wellness of City employees, the City will apply a \$25 per pay period post-tax surcharge (\$650 annually) to employees who use tobacco and are enrolled in one of the City’s Medical plans. **Employees participating in one of the City Medical Plans who do not use tobacco and submit this completed form will not be charged.**

Payroll deductions for the tobacco surcharge will be based on the following:

- Employees participating in one of the City Medical Plans who do not turn in this form will automatically be classified as a tobacco user and will be charged \$25 per paycheck post-tax (\$650) annually.
- Employees participating in one of the City Medical Plans who use tobacco and submit this completed form will be charged \$25 per paycheck post-tax. **Tobacco users can avoid or stop the tobacco surcharge by completing an authorized 6-week tobacco cessation program. If you are interested in completing an authorized tobacco cessation program, contact the City’s Onsite Wellness Coordinator at 754-206-2420.**

I hereby certify that my selection above is complete and true.

- I understand that tobacco includes any form of tobacco products that are smoked (e.g., cigarettes, cigars, pipes, vaping, electronic cigarettes), applied to the gums (e.g., dipping, chewing tobacco or snuff), and/or inhaled.
- I understand that if I currently use or begin to use tobacco products, I am subject to the \$25/ pay period post-tax surcharge.
- I understand that I must report any change in my tobacco use to the Benefits Section, Human Resources Department.
- I understand that if I (a participant in the City’s Medical Plan) use tobacco products and do not notify the City, or if I falsify my “tobacco-free” status on this affidavit, I will be responsible for paying retroactive surcharges and may face disciplinary action up to and including termination of employment.

2. MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ AND AGREE TO THE STATEMENTS, TERMS AND CONDITIONS PROVIDED ON THIS FORM.

Employee’s Signature	Date
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