



# HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION

## TOBACCO/SMOKE FREE AFFIDAVIT - RETIREES

Rev: 1 | Date: 08/22/2023 | Print Date: 09/27/20233

### MEDICAL ENROLLEES ONLY: ACTION REQUIRED

**YOU MUST COMPLETE AND RETURN THIS FORM BY 11/15/2023 TO AVOID A \$54 MONTHLY SURCHARGE.**

#### 1. Retiree Data (please print):

LAST NAME	FIRST NAME	TELEPHONE NUMBER
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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 retirees, the City will apply a \$54 monthly post-tax surcharge (\$648 annually) to retirees who use tobacco and are enrolled in one of the City’s Medical plans. **Retirees participating in one of the City Medical Plans who do not use tobacco and submit this completed form will not be charged.**

The monthly tobacco surcharge will be based on the following:

- Retirees 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 \$54 per month post-tax (\$648 annually).
- Retirees participating in one of the City Medical Plans who use tobacco and submit this completed form will be charged \$54 monthly 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 786-564-3127.**

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 \$54/ month 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.

#### 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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**Four (4) ways to submit this completed form:**

1. Fax to: 954-828-5328 (Retain a copy of the fax confirmation)
2. Drop Off in Person: Contact Benefits Section, HR at 954-828-5160 to schedule a drop off time (Retain a copy, initialed by HR, as proof of receipt)
3. Mail to: City of Fort Lauderdale, Attn: Benefits Section, HR, 100 N Andrews Ave 3rd Floor, Fort Lauderdale, FL 33301 (Retain proof of mailing)
4. Email to: [healthyliving@fortlauderdale.gov](mailto:healthyliving@fortlauderdale.gov)

**Benefits Section, HR Contact Number: 954-828-5160**