



Employee Name: _____ Employee ID: _____

Tobacco-Free Discount Benefit Affidavit

As an SMHCS employee enrolled in our medical plan, you may be eligible to receive a \$10 per pay-period discount on medical premiums if you do not smoke or use tobacco products. Tobacco products include cigarettes, cigars, snuff, chewing or pipe tobacco, electric cigarettes, or any other tobacco product, regardless of the frequency, method of use or level of nicotine content.

Please review this affidavit carefully, answer the questions below, and sign this form.

Those employees who do smoke or use tobacco products may also be eligible to receive the reward if they complete an SMHCS approved smoking cessation program. If you smoke or use tobacco products and would like to quit, we encourage you to enroll in a smoking cessation program. To learn more about the programs available to help you stop using tobacco products, please contact Gulf Coast South AHEC, Inc. at 866-534-7909 or visit tobaccofreeflorida.com/quityourway.

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 and for participation in any wellness incentive programs that may be applicable for the benefit year.

- I am **not** a smoker or tobacco user.
- I am a smoker or tobacco user.

If you state that you do not use tobacco products and you begin to use tobacco products, you must immediately notify Human Resources by completing a new Tobacco-Free Discount Benefit Affidavit, and you will therefore forfeit your premium discount.

If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, please contact Human Resources at HR-ServiceCenter@smh.com or 941-917-6177.

By signing this form, I certify that the above information is true and correct. I also certify that if I am currently not a smoker or tobacco user and this status changes, I will immediately notify Human Resources of such change. I understand that I may be subject to random nicotine testing throughout the year. I further understand that providing false information may subject me to repay the discount I received, and may also subject me to discipline, up to and including termination of employment.

Signed: _____

Dated: _____

Return completed form to Human Resources

Email: HR-ServiceCenter@smh.com or

Fax: 941-917-5112