



City of **Montgomery**
CAPITAL OF DREAMS.

Employee Tobacco Attestation Form

Return completed form to: City of Montgomery Benefits Division, 103 N. Perry St. Montgomery, AL 36104
Ph: 334-625-2510 / Fax: 334-625-4410

Employee Name (print) _____

Last 4 of SSN: _____

Employee ID: _____

The City of Montgomery wishes to promote healthy lifestyle choices for its employees, and does so in part by using health plan premium incentives. We have implemented a Wellness Program designed to promote improved health and to prevent disease through discontinuation of the use of all forms of tobacco.

Employees enrolled in the City's Group Health Plan must select one of the following statements below.

Place your initials in one of the boxes below:

I attest that I **have not** used tobacco products, including cigarettes, snuff, chewing or dipping products, cigars or pipes within **thirty days** prior to the date of this attestation which affords me the tobacco-free credit.

If I begin using tobacco products, I agree to notify the City of Montgomery Benefits Division within 3 business days to discontinue my tobacco-free credit. Failure to make timely notification will subject me to disciplinary action up to and including termination of employment and/or repayment of 25 dollars per month for the entire time I received a tobacco-free credit. I understand that I am subject to nicotine testing at any time.

I attest that I am currently a tobacco user.

I understand that a \$12.50 bi-weekly surcharge will be deducted from my paycheck for being a tobacco user.

I understand that the City offers a Tobacco Cessation Program through CareHere free of charge to me should I choose to discontinue my use of tobacco. I can enroll in this program at any time.

Employee Signature _____

Date Signed _____

This form does not need to be completed if you are not on the City's Group Health Plan.