

**IMPORTANT INFORMATION—PLEASE READ BEFORE COMPLETING THIS FORM**

A Tobacco-Free Affidavit must be completed by the employee to receive a reduction in the 2022 medical premium contribution. The employee can also certify the non-use of tobacco products for their spouse. The employee's medical plan contribution will be reduced by \$25 per month for an employee or a spouse (\$50 for both) who do not use tobacco products. Individuals are considered a tobacco user if you use any form of tobacco products (e.g., cigarettes, cigars, pipes, e-cigarettes), applied to the gums (e.g., dipping, chewing tobacco, or snuff), and/or inhaled.

As an alternative to completing the affidavit, the employee or spouse may participate in the Quit For Life® tobacco cessation program to receive the premium reduction. Program participation is defined as completing at least five calls with a Quit Coach. Participants will receive the premium reduction upon certification of program completion.

By checking below, I affirm I have read and understand the information in this affidavit. I am making this affirmation in order to receive the 2022 premium reduction for non-use of tobacco.

I understand that if I, or my spouse, begin routine use of tobacco during the year, I am no longer eligible for the premium reduction and must report this change to Indiana University Human Resources immediately.

I understand that tobacco includes any form of tobacco products that are smoked (e.g., cigarettes, cigars, pipes, electronic cigarettes), applied to the gums (e.g., dipping, chewing tobacco, or snuff), and/or inhaled.

I understand that intentional falsification of this affidavit or failure to report the commencement of tobacco use after completing this affidavit can constitute fraud.

SECTION 1 EMPLOYEE AFFIDAVIT (initial one)

I do not use tobacco products and agree not to use any tobacco products during the 2022 plan year.

I decline to respond to the Tobacco-free Affidavit.

SECTION 2 SPOUSE AFFIDAVIT (initial one)

My spouse does not use tobacco products and agrees not to use any tobacco products during the 2022 plan year.

I decline to respond to the Tobacco-free Affidavit for my spouse.

SECTION 3 EMPLOYEE SIGNATURE

Employee Name (printed):

Employee 10-digit ID:

Employee Signature:

Date:

To sign and submit this form digitally you must first save it to your device.

Submit this form by email to askhr@iu.edu; or by mail to IU Human Resources, 420 N. Walnut St, Bloomington, IN, 47404.

HR USE ONLY

Date: _____ Initials: _____