

TOBACCO-FREE AFFIDAVIT

2023 PLAN YEAR

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

You must complete a Tobacco-free Affidavit each year to receive the medical premium reduction. You can also certify the non-use of tobacco for your spouse. If you certify that you (and/or your spouse, if applicable) do not use tobacco, your monthly medical plan contribution will be reduced by \$25 for yourself or your spouse (or \$50 for both). Tobacco use includes all forms of tobacco products that are smoked (e.g., cigarettes, cigars, pipes, e-cigarettes, vapes), applied to the gums (e.g., dipping, chewing tobacco, or snuff), and/or inhaled.

As an alternative to completing this affidavit, your or your spouse may participate in the free, university-approved tobacco cessation program to receive the premium reduction. Visit hr.iu.edu/benefits/smoking_cessation.html for program details and to sign up.

By initialing below, I affirm that I have read and understand the information in this affidavit. I am making this affirmation in order to receive the 2023 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 Human Resources immediately.

I understand that tobacco includes all forms of tobacco products that are smoked (e.g., cigarettes, cigars, pipes, electronic cigarettes, vapes), 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 2023 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 2023 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, 2709 E. 10th Street, Ste 321, Bloomington, IN 47408.

HR USE ONLY Date: _____ Initials: _____