Tobacco Usage/Non-Usage Affidavit

Please complete this affidavit and return signed form to Barbara Zimmerman with your enrollment materials.

Check the applicable box:

☐I **do not** use tobacco products. I also certify that I have not used any tobacco products in the last six months including, but not limited to, pipes, cigarettes, e-cigarettes, cigars, chewing tobacco, snuff, or any other type of smoking or smokeless tobacco (i.e., one usage of **any** tobacco product in the last six months is tobacco use). **By completing this Affidavit and certifying my non-tobacco user status, I know that I will not be subject to the "Tobacco surcharge" on my medical plan contributions.**

☐I have used tobacco products in the last six months including, but not limited to, pipes, cigarettes, e-cigarettes, cigars, chewing tobacco, snuff, or any other type of smoking or smokeless tobacco (i.e., one usage of **any** tobacco product in the last six months is tobacco use). I **HAVE NOT** completed an approved tobacco cessation program. **I understand that I will be subject to the"Tobacco surcharge" on my medical plan contributions.**

☐I have used tobacco products in the last six months including, but not limited to, pipes, cigarettes, e-cigarettes, cigars, chewing tobacco, snuff, or any other type of smoking or smokeless tobacco (i.e., one usage of **any** tobacco product in the last six months is tobacco use). I **HAVE** completed an approved tobacco cessation program and have attached my program completion certification. **I understand that I will be not subject to the "Tobacco surcharge" on my medical plan contributions.**

As a non-tobacco user, I am aware that if I use, or begin the use of tobacco products, at any time and I do not advise Garner Transportation Group of this use within two weeks after it occurs, I will be considered to have falsified Company information and I may be subject to disciplinary action, up to and including termination, and I will be subject to the tobacco surcharge.

Finally, I am aware that **Garner Transportation Group** offers support for tobacco users who are interested in cessation.

Employee Name:_____Date:_____
Print Full Name

Employee Signature:_____