

## TOBACCO USE AFFIDAVIT

In accordance with the Virginia Wesleyan University Tobacco Cessation Wellness Program Description, employees who are participants in the Virginia Wesleyan University medical plan ("the Plan") must certify whether or not they are users of tobacco products. If you are not enrolled in the Plan, you do not need to proceed. You will be required to complete a tobacco use affidavit once enrolled in a VWU medical plan.

If a Participant in the Plan, please indicate your current tobacco use status by checking the appropriate boxes below. You may change your status at any time, based on your personal situation.

**Under penalty of perjury, I declare:**

- I do **NOT** smoke or use tobacco products, nor have I smoked or used tobacco products at any time during the 3 months immediately preceding the date of this Affidavit, or
- I do smoke or use tobacco products, and
  - I agree to enroll in a Tobacco Cessation Program in the next 60 days, or
  - I will **NOT** participate in a Tobacco Cessation Program

By signing this Tobacco Use Affidavit, I certify the following:

1. I have truthfully answered the tobacco use questions above.
2. I understand that if I fail to complete this Affidavit truthfully, I am subject to (i) prosecution under applicable laws (the penalties for a false claim may include criminal charges and/or fines), (ii) an obligation to pay the additional premium required of tobacco users, and (iii) termination of my eligibility for coverage under the Plan.
3. I have received a copy of the Tobacco Cessation Wellness Program Description.
4. I understand that I will be charged the Tobacco Use Surcharge if I do not complete and return this form, if I smoke or use tobacco products and choose not to participate in a Tobacco Cessation Program, or if I fail to successfully complete a Tobacco Cessation Program and stop smoking.
5. I understand that if I smoke or use tobacco products and enroll in a Tobacco Cessation Program and quit smoking, I will be eligible for the Tobacco surcharge waiver.

6. I agree to provide a Tobacco Use Affidavit on an annual basis.
7. I further agree that if this information changes, I will notify Human Resources of such change within 30 days by submitting a form available online and/or from the Human Resources Department.
8. I acknowledge by signing this form that the Plan Administrator shall have access to my Protected Health Information, as defined in the Plan Document, for the purposes of reviewing my tobacco use status.

VWU is committed to helping you achieve your best health. The waiver of the tobacco surcharge for participating in a tobacco cessation program and ceasing tobacco use is available to all employees participating in the medical plan. If you think you might be unable to meet a standard for the tobacco surcharge waiver under this wellness program, you might qualify for an opportunity to have the tobacco surcharge waived by different means. Contact the VWU Human Resources Department at (757) 455-3316 and we will work with you (and, if you wish, with your doctor) to find a wellness program that will allow you to avoid the tobacco surcharge and is right for you in light of your health status. Any program recommended by your physician will be subject to copays, deductibles, and coinsurance that may apply under the terms of the medical plan.

I, a Participant of the Plan, have read the above and understand the penalties that may apply if my statements are false.

I certify that the above information is true and correct and understand that providing false information on this form is illegal and that those who provide false information may be prosecuted.

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Employee Signature

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Employee Name Printed

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Date

***Please Return this Completed Form to the Human Resources Department. VWU reserves the right not to apply the surcharge waiver to employee's premiums whose forms have not been received by the published deadline.***