



## Employee Tobacco Attestation Form

**Effective for Plan Year January 1, 2019 – December 31, 2019**

Campbell wishes to promote healthy lifestyle choices for its employees, and does so in part by using healthcare premium incentives. We will be implementing a Wellness Plan designed to promote improved health and to prevent disease through discontinuation of the use of all forms of tobacco.

Employees participating in the Medical plan must select one of the following statements below, sign and return this form along with your election form.

**Please Check One:**

- ☐ I attest that I am not a tobacco user and understand that I will qualify for premium savings on my medical contributions this year. **Initial:** \_\_\_\_\_
- ☐ I attest that I am currently a tobacco user, and I am willing to participate in a formal "Tobacco Cessation" program offered through the Health Center. I will enroll in the program and complete the program in order to become a non-tobacco user, so that I will qualify for premium savings on my medical contributions this year. **Initial:** \_\_\_\_\_
- ☐ I am an employee who elects not to attest or state that I do not use tobacco products; and/or wishes not to participate in a smoking cessation program. Therefore, I do not qualify to receive premium savings on my medical contributions this year. **Initial:** \_\_\_\_\_

I understand that if I elect not to participate in this program, I will not have the opportunity to obtain any premium credits until the next Annual Enrollment if the said program remains in place at that time. I am able however, to participate in the tobacco cessation program at any time throughout the year without premium credit. I further understand that if I currently use tobacco products or start using tobacco products and am not able to fulfill the requirements of remaining in a tobacco cessation program, I will forfeit any remaining premium credit effective as of the month following the disclosure of not maintaining active status in the tobacco cessation program.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_