

## EMPLOYEE TOBACCO AFFIDAVIT

The Town of Holly Springs cares about the health of its employees and their family members. To encourage healthy decisions regarding tobacco use, a premium differential will be implemented for employees covered under the Town's health plan. **Please complete this affidavit and return it to Human Resources by June 30, 2019.** Before filling out the form, make sure you read and understand what constitutes tobacco use as outlined below and the resources available to help you kick the habit.

### The Definition of Tobacco Use:

For purposes of this affidavit, the Town of Holly Springs defines tobacco use as smoking cigarettes, e-cigarettes, clove cigarettes, cigars or pipes, or using smokeless tobacco such as chewing tobacco or snuff.

**Regular tobacco users** are individuals who have used tobacco products at least once in the past 6 months regardless of the frequency or location (this includes daily, occasionally, socially, at home only, etc.). **Non-tobacco users** are individuals whom are not currently using or have not used any form of tobacco within the last 6 months in any amount (including occasional social use).

### Available Resources

You have access to resources and support that are designed to help you kick the habit of tobacco use for good. A tobacco cessation program, QuitlineNC, is available to you by **calling 1-844-8NCQUIT to enroll in the program**. In order to complete the program, you will complete four coaching calls with a certified tobacco specialist who is dedicated to supporting you to achieve tobacco free living. Upon completion of the program, you will receive a letter that will give confirmation of achievement that can be sent to Human Resources.

The National Cancer Institute provides a vast offering of tobacco free resources at [smokefree.gov](http://smokefree.gov). You can talk with a quit coach via telephone or text message, engage in programs through the mobile app and utilize recommended quit strategies including nicotine replacement therapy. Be sure to check your prescription drug coverage to identify medications offered at no cost to assist in your quit journey.

<b>First Name:</b>	<b>Last Name:</b>

Please mark your designation below:

- YES** – I read and understand what constitutes tobacco use and I certify that I am currently a tobacco user and will pay a higher premium effective January 2020 if I do not complete the tobacco cessation program by the appropriate deadline.
- NO** – I read and understand what constitutes tobacco use and I certify that I am not a tobacco user.

I certify that the above information is true and correct and understand that providing false information on this form may result in a loss of medical coverage as determined by the Town.

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

Date: \_\_\_\_\_