EMORY UNIVERSITY

Certification Regarding Tobacco Use

To support the overall health and wellness of our employees by discouraging the use of tobacco products, employees will pay a higher cost for medical coverage if the employee and/or their spouse/SSDP that is covered under an Emory medical plan has (1) used any tobacco products (including, but not limited to: cigarettes, cigars, cigarillos, pipes, chewing tobacco, snuff, dip, and loose tobacco smoked via pipe or hookah) in the last 60 days; **and** (2) is not enrolled in an Emory approved tobacco cessation program. This tobacco surcharge will be $50 per month ($25 biweekly) per covered adult (employee and spouse/SSDP). The surcharge does not apply to dependent children. You can update your certification once a month. The effective date of the update will occur on the first of the month following the date the form was received, or as soon as administratively feasible.

Please make the following elections:

	Employee	Spouse/SSDP
(1) Used tobacco products in the last 60 days?	☐ Yes ☐ No	☐ Yes ☐ No
(2) Currently enrolled in an Emory approved Tobacco Cessation program?	☐ Yes ☐ No	☐ Yes ☐ No

Please check box for the program name*:	**Employee**	**Spouse/SSDP**
Quit for Life	☐	☐
GetQuit Plan Online	☐	☐
Freedom from Smoking	☐	☐
Tier Zero Drugs	☐	☐
Other (please explain below)	☐	☐

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*Information on resources for tobacco cessation programs can be found at www.tobaccofree.emory.edu/cessation/index.html

☐ I do hereby attest that the above information is true and understand that completing and submitting this form is considered my electronic signature and as such is a legal document. I also understand that if I make a false statement it would be considered a violation of Emory's Standards of Conduct policy as falsification of a form. This policy violation could lead to disciplinary action up to and including termination of employment, at the sole discretion of Emory.

If it is unreasonably difficult due to a health factor for you to meet the requirements under this program, or if it is medically inadvisable for you to attempt to meet the requirements of this program, notify the Benefits Department and we will make available a reasonable alternative standard for you to avoid the surcharge. For example, if you are currently being treated by a physician for nicotine addiction, we may request an affidavit from your physician and provide a reasonable alternative to incurring the surcharge.

Employee Name (Please Print)_____ Signature_____

Employee ID#/SSN_____ Date_____