

Tobacco-Free Affidavit

I, _____ (print full name), certify that (please check one)

- I attest that I am tobacco-free and have not used any tobacco product in the last 6 months preceding signing this affidavit. I also commit to being tobacco-free for the next 12 months. Tobacco-free means I have not used cigarettes, pipes, cigars, chewing tobacco, snuff, or any other type of smoking or smokeless tobacco. I understand that one usage of any tobacco product is considered tobacco use.
- I am currently a tobacco user, or I have used tobacco products in the last 6 months preceding signing this affidavit, and I commit to enrolling and completing a Tobacco Cessation program.
- I am a current tobacco user and I am not willing to commit to enrolling in a Tobacco Cessation program at this time.

I understand the nature and content of this document, I am of legal age, and I am fully competent to truthfully execute this affidavit.

I certify that, if this information changes in the next 12 months, I will notify _____. I also understand that providing false information is considered fraud and will result in disciplinary action.

Choose One: Employee Spouse Domestic Partner

If spouse or domestic partner, please list employee's name: _____

Last 4 digits of SS#: _____ Gender: Male Female

Employee ID (optional): _____ Date of Birth: _____

E-mail Address: _____

Signature: _____ Date: _____