

## TOBACCO AFFIDAVIT FOR CSC EMPLOYEES

Please Complete (Print):

Last Name	First	Middle Initial	
Home Address (Street Address/City/State/Zip)			
	CWID	Home Phone	Work Phone

**As part of CSC's Tobacco-free Workplace Initiative and to encourage the wellness of our employees, a tobacco-free incentive will be made available to employees which will reduce the cost of health coverage contributions of the employee.**

A tobacco user is defined as a person who has smoked or used any tobacco products, such as cigarettes, cigars, smokeless tobacco products, e-cigarettes and/or vapors in the last 90 days\*.

If you have used tobacco products within the last 90 days\* you may still check the "No" box below, but **ONLY** if you meet the definition of tobacco user and have a medical condition which made it inadvisable to quit using tobacco products 90 days\* before the effective date of coverage.

**PLEASE PLACE AN "X" IN THE BOX THAT DESCRIBES YOUR TOBACCO USAGE.**

<b>Yes, Tobacco User</b>	
<input type="checkbox"/>	By electing this option, you are affirming that you are a tobacco user.

<b>No, Non-Tobacco User</b>	
<input type="checkbox"/>	By electing this option, you are affirming that you <b>do not</b> use tobacco products.

<b>Have completed a tobacco cessation program</b>	
<input type="checkbox"/>	By electing this option, you are affirming that you have completed a tobacco cessation program. Please provide date of completion: _____

*\*For purposes of the enrollment period, you are a tobacco user if you have used tobacco products within the last 90 days.*

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I certify that the above information is true and correct. Falsification of University documents may result in corrective action, up to and including termination of employment; and/or demand of appropriate unpaid past premiums.*