

Tobacco Certification

The City of Plano is committed to helping you achieve your best health. Effective September 30, 2016, all employees (active or retired) who are enrolled in the City's Medical Plan may be subject to a \$25 monthly tobacco surcharge for plan year 2018. For Open Enrollment, all employees (active or retired) must answer the question below, regardless of their enrollment in the medical plan.

A tobacco user is defined as an individual who is using any tobacco product other than for religious or cultural observances; within the previous six (6) months. Tobacco products include but are not limited to: cigarettes, electronic cigarettes, cigars, pipe tobacco, snuff, chewing tobacco, and/or other smokeless tobacco products.

Please check the applicable box below:

- Yes, I have used a tobacco product during the last six (6) months
- No, I have not used a tobacco product during the last six (6) months

NOTE: I understand that if I do not answer the question above and certify it below, it is assumed that I am a tobacco user.

By answering this form, I certify the following:

- I have truthfully checked Yes or No above that accurately reflects whether I used tobacco products in the previous six (6) months, other than for religious or cultural observances.
- I understand that tobacco products include cigarettes, cigars, electronic cigarettes, chewing or pipe tobacco, snuff, and/or other smokeless tobacco products regardless of the frequency or method.
- I understand that the \$25 monthly tobacco surcharge will apply for plan year 2018, if I check "Yes" and do not complete a tobacco cessation program online, onsite or telephonically.
- I understand that if I do complete a tobacco cessation program during the time frame of October 2016- September 2017, the monthly tobacco surcharge will not apply for plan year 2018.
- I understand that falsification of this certification is in direct violation of the City Policy 216.000 and other applicable laws, which is subject to disciplinary action.

By signing below, I certify the above information is true and correct.

Employee Name (please print)

Date

Employee Signature

Employee ID Number