



Nicotine Use Affidavit 2020

As part of our wellness program, Legacy employees who do not use any form of nicotine will receive a discount on their monthly contribution for the cost of coverage under our medical plan.

To be eligible for the discount in the contribution, employees must not have used nicotine in the previous three months prior to enrolling (or re-enrolling) for health coverage. "Nicotine Use" is the use of any tobacco product, including cigarettes, cigars, e-cigarettes, smoking vapor cigarettes, using smokeless tobacco, chewing tobacco, snuff, and/or pipe tobacco, four or more times a week within the past three months. (Religious or ceremonial use of tobacco is not considered nicotine use to the extent protected by local, state or federal law.)

Employees who have used nicotine during the three months prior to enrolling (or re-enrolling) for health coverage are also eligible for a discount on health insurance contributions if they (1) agree to participate in the program when enrolling (or re-enrolling) for health coverage and (2) participate in and successfully completing a tobacco cessation programs. (There is no cost to you for participating in the program). The programs is the Quitline through Medical Mutual of Ohio. Please complete the program and turn in the provided certificate from the Quitline to Legacy Human Resources.

If you currently use nicotine and wish to receive a discount, you must complete the tobacco cessation program before the end of the plan year, which runs from 1/1/20 through 12/31/20. If you complete one of the tobacco cessation programs during the plan year, the difference between your previously paid monthly contribution and the discounted contribution will be refunded retroactively to the beginning of the plan year through payroll, and your future contributions for health plan coverage for the rest of the plan year will be at the discounted rate. Successful completion of the program does not require that you quit the use of nicotine. It does require you meet all the requirements of the tobacco cessation program. If you do not successfully complete the tobacco cessation program, you will have another opportunity during the next open enrollment period and plan year to qualify for the discount.

- I do not currently use nicotine in any form and have not used nicotine in the past 3 months. If I begin to use nicotine four or more times per week at any time during the plan year, I will notify Human Resources that I am no longer eligible for the discount or that I wish to enroll in a tobacco cessation program.**
- I currently use nicotine or have used nicotine in the past 3 months. I elect to participate in a company endorsed Tobacco Cessation program for enrollment during the Plan Year.**
- I currently use nicotine, decline to respond, or elect not to participate in this wellness program, and therefore I elect not to participate in the Legacy endorsed Tobacco Cessation program for enrollment during the Plan Year and will be considered a nicotine user for purposes of this program. I acknowledge that I will not receive the non-tobacco-user medical coverage discount contribution rate.**

I understand that if I falsify this Certification, I am violating Legacy's rules of ethical conduct and the Medical Plan's enrollment rules. Legacy has reserved the right to take disciplinary action if I falsify this certification, including, but not limited to discharge, increase of medical premiums and/or requiring repayment of the discounted contribution for the plan year.

Employee Name (print and sign)

Date