

## TOBACCO AFFIDAVIT FOR VU EMPLOYEES AND RETIREES

Please mail the completed form to Human Resources, 1002 North First Street or fax to 812-888-5055.

A Tobacco Affidavit must be completed annually by employees to avoid a \$35 biweekly tobacco-user surcharge. The employee can also certify the non-use of tobacco for a spouse. Individuals are considered a tobacco user if they use any form of tobacco products that are smoked (e.g., cigarettes, electronic cigarettes, cigars, pipes), applied to the gums (e.g., dipping, chewing tobacco, or snuff) and/or inhaled.

After the open enrollment period, the employee/spouse who is not tobacco free may participate in a tobacco cessation program. The surcharge will be waived upon successful completion of the program (the employee/spouse becomes tobacco-free).

TOBACCO AFFIDAVIT	
<p>By checking below, I affirm I have read and understand the information in this affidavit. I am making this affirmation in order to waive the 2024 tobacco-surcharge.</p> <p>I understand that if I, or my spouse, begin routine tobacco use during the year, I am required to report this change to Human Resources immediately and will be charged the tobacco-user surcharge.</p> <p>I understand that tobacco includes any form of tobacco products that are smoked (e.g., cigarettes, electronic cigarettes, cigars, pipes), applied to the gums (e.g., dipping, chewing tobacco, or snuff), and/or inhaled.</p> <p>I understand that the intentional falsification of this affidavit or failure to report the commencement of tobacco use after completing this affidavit could lead to loss of my health care coverage.</p>	
<p>Employee:</p> <p><input type="checkbox"/> I do not use tobacco products and agree not to use any tobacco products during the 2024 plan year.</p> <p><input type="checkbox"/> I use tobacco products.</p>	
<p>Spouse:</p> <p><input type="checkbox"/> I do not use tobacco products and agree not to use any tobacco products during the 2024 plan year.</p> <p><input type="checkbox"/> I use tobacco products.</p>	
Employee's Name (Printed):	Employee A# or Social Security:
Employee's Signature:	Date: