



## Employee Tobacco Attestation Form

Return completed form to: City of Montgomery Benefits Office, 103 N. Perry St. Montgomery, AL 36104  
Ph: 334-625-3692 / Fax: 334-625-2316

Employee Name (print) \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_

Employee ID: \_\_\_\_\_

The City of Montgomery wishes to promote healthy lifestyle choices for its employees and does so in part by using health plan premium incentives. We have implemented a Wellness Program designed to promote improved health and to prevent disease through discontinuation of the use of all forms of tobacco.

Employees enrolled in the City's Group Health Plan must select one of the following statements below.

**Place your initials in one of the boxes below:**

I attest that I **have not** used tobacco products, including cigarettes, vaping, snuff, chewing or dipping products, cigars or pipes within **thirty days** prior to the date of this attestation which affords me the tobacco-free credit.

If I begin using tobacco products, I agree to notify the City of Montgomery Benefits Office within 3 business days to discontinue my tobacco-free credit. Failure to make timely notification will subject me to disciplinary action up to and including termination of employment and/or repayment of \$35 per month for the entire time I received a tobacco-free credit. I understand I am subject to nicotine testing at any time.

I attest that I am currently a tobacco user.

I understand I will be charged \$17.50 per pay period through payroll deduction for being a tobacco user.

I understand the City offers a free Tobacco Cessation Program through Premise Health should I choose to discontinue my use of tobacco. I can enroll in this program at any time.

Employee Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**This form does not need to be completed if you are not on the City's Group Health Plan.**