



### Tobacco Free Attestation Form

Monadnock Developmental Services supports your goals to live a healthier, tobacco-free lifestyle. To earn a discount of \$25.00 per pay period on your medical and prescription insurance premium you must certify that you and your spouse, covered by your insurance plan, are tobacco free or in a cessation program.

- Tobacco free means the employee and spouse covered by MDS have been tobacco free starting January 1, 2019 and will continue to be free from the use of tobacco products throughout the calendar year.
- Tobacco includes any form of tobacco product that is smoked (i.e. cigarettes, cigars, and pipes) applied to the gums, chewed or ingested (i.e. dipping, chewing leaf tobacco) and/or inhaled (i.e. snuff or vaping).

This attestation form may be turned in at any time during the calendar year if there is a change in your tobacco usage status. Incentives will be applied to your paycheck going forward from the date the completed form was received by Human Resources for the balance of the year, provided the employee and/or spouse remains tobacco free.

Program and completion date: \_\_\_\_\_

This form must be updated and submitted annually to ensure proper payment.

Employee Name: \_\_\_\_\_

Please Print

- I do not use tobacco products.     My covered spouse does not use tobacco products.
- I did use tobacco products but quit on \_\_\_\_\_.     My spouse quit on \_\_\_\_\_.
- I currently use tobacco products, but want to quit.     My covered spouse want to quit.
- I currently smoke and do not plan on quitting.     My covered spouse does not plan on quitting.

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**The information provided is accurate and factual. I understand that falsified information, provided on this form, is subject to disciplinary action and loss of the discount offered to employees. I understand that if I begin using tobacco products I will no longer be eligible for the discount and agree to inform Human Resources.**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_