



2024 Tobacco Use Affidavit and Agreement

Renuity wants our employees to live better lives, and we care about your health and well-being. Accordingly, we are offering an incentive to those **employees** who *do not* use tobacco or nicotine products including, but not limited to cigarettes, cigars, snuff, chewing tobacco, pipes, electronic cigarettes, electronic vaping devices, etc. regardless of method or frequency of use. Employees who do use tobacco products (as described in the previous sentence) will have a \$50 per month **Tobacco User Surcharge** added to their health insurance premiums.

I, _____ (print name of affiant), certify the following:

Employee Status (Please check one):

Non-Tobacco User

I hereby attest and agree that I do not use nicotine or tobacco products. I agree to notify the Human Resources department promptly at any time that I begin using nicotine or tobacco products throughout the year. By choosing this box and signing this affidavit I understand I will not be charged a \$50 surcharge. I also understand that knowingly falsifying this form is a felony (insurance fraud) in most states.

Tobacco User

I hereby attest and agree that I do use nicotine or tobacco products. By choosing this box and signing this affidavit I understand I will be charged a \$50 surcharge.

By signing this Affidavit and Agreement, I agree that I shall promptly notify my local HR Department of any change(s) to the information that I have provided herein on or before the first (1st) day of the month following any such change(s).

I understand that falsely answering this form may result in (a) denial of coverage, causing me to lose my healthcare when I need it most, and/or (b) disciplinary action by the Company, up to and including termination.

Affiant's Signature _____

Date _____

Your medical plan is committed to helping you achieve your best health. Rewards for participating in wellness programs are available to all employees. If you think you may be unable to quit using tobacco products, you may qualify for an opportunity to receive the **Non-Tobacco-user rate* by participating in UHC's tobacco cessation course. To get started, visit www.myuhc.com or call the number on the back of your id card. Please contact your local HR and we will work with you to help improve your health.*