CITY OF GREENVILLE/GREENVILLE UTILITIES COMMISSION ***PLAN YEAR 2018***

EMPLOYER GROUP NUMBER: 3204856

Tobacco Use Certification (Annual)

Return this completed form to your Human Resources Department by November 30, 2017.

SUBSCRIBER NAME:_____

SUBSCRIBER BIN OR LAST FOUR DIGITS OF SSN:_____

NOTE: Tobacco products include cigarettes, cigars, chewing or pipe tobacco, vaporized cigarettes (e-cigarettes) or any other tobacco products regardless of the frequency or method of use.

Please indicate which of the following applies to you:

Checking one of the following boxes will not result in a $46.15 per pay period tobacco surcharge:

☐ I do not use tobacco products.

☐ I use tobacco products, intend to quit, and I am currently enrolled in an approved COG/GUC tobacco cessation program or will enroll in an approved COG/GUC tobacco cessation program within 90 days***.**

****proof of enrollment must be provided to your HR Department within 90 days in order to avoid the surcharge***

Checking one of the following boxes will result in a $46.15 per pay period tobacco surcharge:

☐ I use tobacco products and do not intend to quit.

☐ I do not wish to disclose whether I use tobacco products.

By signing this form, I certify the following:

- I understand that I can call 1-800-QUIT-NOW or log onto www.MyCigna.com if I am interested in learning more about resources for tobacco cessation programs.
- I understand that if it is unreasonably difficult due to a health factor for me to meet the requirements under this program, or if it is medically inadvisable for me to attempt to meet the requirements of this program, I will notify the Human Resources Department and the COG/GUC will make available a reasonable alternative standard for me to avoid the surcharge. (For example, if an employee is currently being treated by a physician for nicotine addiction, the COG/GUC may request an affidavit from the employee's physician and provide a reasonable alternative to incurring the surcharge.)
- I certify that if this information changes at any time in the future, while I have health insurance coverage with the City of Greenville/Greenville Utilities Commission, I will notify the Human Resources Department of such change within 30 days through completion and re-submission of this form.
- I certify that this information is true and correct to the best of my knowledge. I understand that if I falsify any information in this certification that in addition to my responsibility for payment of any tobacco surcharges, I may be subject to disciplinary action under the Personnel Policies of the City of Greenville/Greenville Utilities Commission up to and including termination.
- I understand that all tobacco use surcharges will be prospective. I will not be refunded any part of the tobacco use surcharge.

Turn page over for additional information and for employee's signature.

I understand and acknowledge that the City of Greenville/Greenville Utilities Commission will comply with the HIPAA Rules and that disclosure of information will be in compliance with federal law. I understand that this information may be disclosed to such third party administrators, vendors, consultants and governmental officials when necessary for the operation of my health plan or to conduct activities related to my health plan as permitted under the HIPAA Rules.

_____ _____

Subscriber Signature Date

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE CITY OF GREENVILLE/GREENVILLE UTILITIES COMMISSION. THE CITY OF GREENVILLE/GREENVILLE UTILITIES COMMISSION RESERVES THE RIGHT TO REVISE THE TERMS AND CONDITIONS OF THIS DOCUMENT IN WHOLE OR IN PART AT ANY TIME. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.