

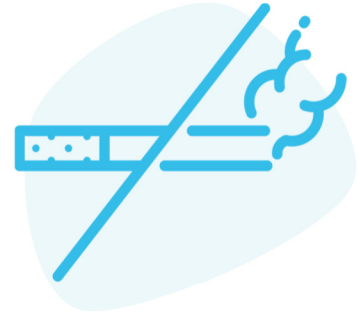
Non-Smoker / Non-Vaper / Non-Tobacco User Affidavit



The purpose of this Non-Smoker/Non-Vaper/Non-Tobacco User Affidavit is to document whether you qualify for the incentive that is for non-smokers/non-vapers/non-tobacco users. You are eligible for the incentive **if you certify that you have not smoked, vaped or used tobacco and/or unregulated nicotine products as noted below within the last six months.**

Use of tobacco and/or unregulated nicotine and vaping products include:

- Smoking (tobacco and/or tobacco-free products, that might be smoked via cigarettes, pipes, pens water pipes, and/or hookahs)
- Smokeless tobacco (including snuff, snus, and chew)
- Vaping which is the act of inhaling and exhaling the aerosol, often referred to as vapor, which is produced by an e-cigarette or similar device.



By signing this affidavit, I certify that:

- I am a non-smoker/non-vaper/non-tobacco user and have not smoked a cigarette, cigar, pipe, vaped, or used tobacco products or nicotine-free e-cigarettes of any kind in any form within six months of signing this form.
- I understand that it is my responsibility to notify Human Resources if I begin to smoke, vape, or use tobacco at any future date.
- I understand that [[CLIENT NAME]] may ask me to re-certify my non-smoker/non-vaper/non-tobacco user status in the future but not more than once a year.
- I understand that if I smoke, vape, or use tobacco or nicotine-free e-cigarettes, I will forfeit points associated with the incentive.
- I understand that any dishonest or false representation of my non-smoking/non-vaping/non-tobacco use status will result in a loss of my incentive credit. This may result in [[CLIENT NAME]] rescinding points and/or rewards for which I claimed I was eligible.

Employee's First Name (please print)

Middle

Last Name

Employee ID Number

Employee's Signature

Date

Note: If you successfully complete a Tobacco Cessation Program you will be eligible to receive the incentive. [[CLIENT NAME]] will help you become a non-smoker/non-vaper/non-tobacco user by offering a Tobacco Cessation Program to you at no cost. Contact the Benefits Department for more information.

This Enrollment Form template is presented for illustrative purposes. Please consult with your legal and compliance teams to ensure that all information is accurate before sharing with employees.