



NON-SMOKER/NON TOBACCO USER AFFIDAVIT

The purpose of this Non-Smoker/Non-Tobacco User Affidavit is to document whether you qualify for the discounted medical contribution that is for non-smokers / non-tobacco users. To qualify for the discounted contribution under B and R Electrical Contractors Health Benefit Plan, you must **not** have used tobacco products **six months prior to the date you complete and sign this affidavit.**

BY SIGNING THIS AFFIDAVIT, I CERTIFY THAT:

- I am a non-smoker / non-tobacco user and have not smoked a cigarette, cigar, pipe, or used tobacco products of any kind in any form in the **six months prior to date of signing this affidavit.**
- I understand that it is my responsibility to notify Human Resources if I begin to smoke / use tobacco at any future date.
- I understand that B and R Electrical Contractors may require me to re-certify my non-smoker / non-tobacco user status in the future but not more than once a year.
- I understand that if I smoke/use tobacco, I will lose my per pay discount and that my payroll contribution will immediately increase.
- I understand that any dishonest or false representation of my non-smoking / non-tobacco use status will result in immediate loss of my per pay discount. This may result in B and R Electrical Contractors requiring me to reimburse them for any amounts reduced from my contributions for the period in which I claimed I was eligible for the discount. B and R Electrical Contractors may deduct such amount from my paycheck.

Employee's First Name (PRINT)

Middle

Last Name

Employee ID Number

Employee's Signature

Date

***NOTE:** If you successfully complete a Smoking Cessation Program you will receive the discount on future payroll deductions B and R Electrical Contractors will help you become a non-smoker / non-tobacco user by offering a Smoking Cessation Program to you at no cost.*

Please return this form to humanresources@jcc-ri.com no later than November 30, 2021