



## 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 Johnston Construction 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 Johnston Construction 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 Johnston Construction 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. Johnston Construction may deduct such amount from my paycheck.

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Employee's First Name (PRINT)

Middle

Last Name

Employee ID Number

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Employee's Signature

Date

***NOTE:** If you successfully complete a Smoking Cessation Program you will receive the discount on future payroll deductions Johnston Construction 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](mailto:humanresources@jcc-ri.com) no later than November 30, 2021**