LAKE COUNTY BOARD OF DD/DEEPWOOD
2026-2027 Plan Year Non-TOBACCO/Non-NICOTINE User Attestation
(This is only for those employees enrolled in the Agency's group medical insurance.)

PURPOSE: According to the Center for Disease Control, lifestyle choices – such as choosing not to smoke or use tobacco/nicotine products – influence your health more than any other single factor. Since the price of medical care is directly related to the amount of claims incurred throughout the year, the healthier our group participants are, the lower our costs will be. Employees who complete and return this Attestation to Human Resources will receive $50.00 to be either deposited into their HSA account (if they have the High Deductible plan), or as a one-time payment in their biweekly payroll if they have selected the PPO plan. This incentive will be awarded by March 31, 2027 for incentives received between September 1, 2026 – February 28, 2027. Incentives received between March 1, 2027– August 31, 2027, the incentive will be awarded no later than September 30, 2027.

DEFINITION: A Tobacco/Nicotine User is anyone who has used a tobacco or nicotine product in the last six (6) months. This includes cigarettes, cigars, e-cigarettes, vaporizers ("vapes"), pipe smoking, snuff, chewing tobacco, nicotine patch, nicotine gum or other tobacco or nicotine supplements.

You must immediately change your status if your tobacco/nicotine status changes from Non-Tobacco/Non-Nicotine User to Tobacco/Nicotine User immediately. You must notify HR and the $50.00 award shall be refunded. Any falsification of any kind related to this Tobacco/Nicotine Attestation would be considered fraudulent and you may be subject to disciplinary action, up to and including termination. The Agency also reserves the right to test an employee for tobacco/nicotine use at any time.

ALTERNATIVE WAY TO EARN THE INCENTIVE: If you are having trouble quitting, and would like to quit, you can still qualify for this incentive by enrolling in Medical Mutual's 3-month tobacco & nicotine cessation program. This program is offered at no cost to you or your covered family members. Enrollment in this tobacco & nicotine cessation program must be done by August 31, 2027. Medical Mutual will provide us with reporting on who has, and has not, completed a series of tobacco & nicotine cessation coaching telephone calls. You may also contact BeTobaccoFree.hhs.gov. You may also complete the program found at http://smokefree.gov/steps-on-quit-day, or call one of the stop smoking numbers at 1-877-448-7848 or 1-800-784-8669 and enroll in a program to receive ongoing assistance to quit.

COVERED PERIOD: Employees will have the opportunity to meet the incentive's requirements at any time during the current plan year, which is September 1, 2026 through August 31, 2027.

Please initial the following:

☐ I certify according to this Non-Tobacco/Non-Nicotine User Attestation that I have been tobacco/nicotine free for six (6) months **OR** have contacted the Quit Line and I am being provided ongoing assistance to quit.

☐ I certify that I will notify Human Resources immediately if my status changes from Non-Tobacco/Non-Nicotine User to Tobacco/Nicotine User.

☐ I understand that every year during Open Enrollment, I will have to reaffirm my status in order to qualify for this incentive.

☐ I understand that falsification of information is a violation of Agency policy, which is subject to disciplinary action up to and including termination of employment and/or cancellation of my health insurance benefits.

I have read the above and understand the penalties that may apply if the information in my statements is false. I certify that the above information is true to the best of my knowledge.

Printed Name: _____

Signature _____ **Date** _____