

MECHANICAL SERVICE & DESIGN, INC.

SMOKING AFFIDAVIT

To support the overall health and wellness of our employees by discouraging the use of tobacco products, employees will pay a higher cost for medical coverage if the employee that is covered under the medical plan has (1) used any tobacco products (including, but not limited to: cigarettes, e-cigarettes, vape (with or without nicotine), cigars, cigarillos, pipes, chewing tobacco, snuff, dip, and loose tobacco smoked via pipe or hookah) in the last **180 days**; and (2) is not enrolled in an approved tobacco cessation program. For tobacco surcharge information refer to the MSD Open Enrollment document located in Benefits Solver Reference Center – UnitedHealth Care. The surcharge does not apply to dependent children.

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard to avoid the penalty under this wellness program, you might qualify for an opportunity to avoid the penalty by different means. Contact your HR Department and we will work with you to find a wellness program that avoids the penalty and that is right for you in light of your health status.

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Please make the following elections:

<p>Option 1:</p> <p>_____</p>	<p>I am a NON-Tobacco User, and therefore not subject to the tobacco surcharge.</p> <p>I do not currently use and have not used during the previous 180 days, ANY tobacco products including cigarettes, cigars, chewing tobacco, pipe tobacco, snuff, dip, e-cigarettes or any similar tobacco related product.</p>	<p>EE Initials:</p> <p>_____</p>
<p>Option 2:</p> <p>_____</p>	<p>I do not qualify as a non-tobacco user, but I agree to complete the tobacco cessation program sponsored by to avoid the tobacco surcharge in .</p> <p>I agree to participate in a tobacco cessation program offered by my employer</p>	<p>EE Initials:</p> <p>_____</p>
<p>Option 3:</p> <p>_____</p>	<p>I do not qualify as a non-tobacco user and choose to pay the tobacco surcharge effective January 1, 2020.</p>	<p>EE Initials:</p> <p>_____</p>

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I do hereby attest that the above information is true and understand that completing and submitting this form is considered my electronic signature and as such is a legal document [I also understand that if I make a false statement it would be considered a violation of my employer's Standards of Conduct policy as falsification of a form. This policy violation could lead to disciplinary action up to and including termination of employment, at the sole discretion of my employer.] I also acknowledge that any false information on this form may result that I may be required to retroactively be charged the higher premiums for the current plan year.

Signature

Date