



Benefits Acknowledgements

Tobacco Usage Affidavit: Tobacco and or nicotine usage is defined as the smoking or use of any tobacco and or nicotine products, including but not limited to cigars, cigarettes, electronic cigarettes, pipes, chewing tobacco, snuff, herbal tobacco products, and other smoking and or nicotine material. *(This does NOT include Nicotine Replacement Therapy (NRT) products used in the smoking cessation process).* This surcharge is not intended for the rare celebratory use of such products, defined by four or fewer per year. The Tobacco / Nicotine Usage Affidavit applies only to employees covered under the Orange County medical plan.

To qualify for a waiver of the Tobacco and or Nicotine Use Surcharge, an employee must be tobacco and or nicotine free at the time of acknowledgement (either via electronic signature during Open Enrollment or physical signature below) and must continue to remain tobacco and or nicotine free for the entire time they are covered on the Orange County medical plan. **If an employee begins or restarts the use of tobacco and or nicotine products (as defined above), the employee must notify HR within 30 days and complete a revised affidavit, which will activate the \$25 per pay period post-tax Tobacco / Nicotine Use Surcharge.**

The Orange County Wellness for Life program promotes health through prevention and wellness. If you do not meet the requirements under this program, we will make available a reasonable alternative standard for you to avoid this surcharge. Please contact Human Resources and we will work with you (and, if you wish, with your doctor) to find a wellness program that is right for you.

Under the penalties of perjury and disciplinary action, I declare that (check off one):

** Firefighters hired on or after October 1, 1989, are prohibited from using tobacco products at all times. The definition of "tobacco and/or nicotine free", as set forth in this affidavit, does not alter that absolute prohibition or allow for any occasional use of tobacco products by firefighters.*

I am NOT a tobacco and or nicotine user as defined by this affidavit and I commit to remain tobacco and or nicotine free (as defined above) as long as I am covered under the Orange County medical plan. I understand that if I start using tobacco and or nicotine products as defined above, I will inform HR and complete a revised affidavit to have a \$25 post-tax Tobacco / Nicotine Use Surcharge deducted from my biweekly paycheck. I further understand that once assessed, the Tobacco / Nicotine Surcharge can only be waived during open enrollment.

I am a tobacco and or nicotine user as defined by this affidavit. I understand that I will have a \$25 post-tax Tobacco / Nicotine Use Surcharge deducted from my biweekly paycheck. I further understand that once assessed, the Tobacco / Nicotine Surcharge can only be waived during open enrollment.

Please complete your benefits acknowledgements by reviewing and initialing each of the four lines below:

- ___ 1) I have read the above **Tobacco Usage Affidavit** and completed it truthfully. I understand that putting false information on this affidavit is considered fraudulent and will subject me to disciplinary action, up to and including termination.
- ___ 2) I acknowledge receiving, by hand delivery in new employee orientation, my **initial COBRA notification** on the date indicated below. This notification outlines any potential rights and obligations under the Federal COBRA law to me and my covered family members (if any). I understand failure to make my spouse (if any) aware of this notification letter may result in a loss of potential COBRA rights for my dependents.
- ___ 3) **Benefits Election Acknowledgement:** I understand that I have 30 calendar days from my date of hire to make my benefits elections. If I fail to submit my elections to the Benefits Department within 30 days of that date, I will be enrolled in core benefits. Core medical is the high deductible health plan coverage for the employee only. I understand that I will not be able to change this election until the next open enrollment period unless I have a qualifying event (i.e. marriage, divorce, birth, etc.). I understand that my benefit elections will become effective the beginning of the first full pay period following 60 calendar days of employment.
- ___ 4) I understand this form will be part of my permanent records retained in my Personnel file.

Print Name _____

Employee ID _____

Employee Signature _____

Date _____



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