

2019 NON-SMOKING ATTESTATION FORM



A cash wellness incentive equivalent to 2.5% of your medical and prescription premiums will be available to you if you are a non-smoker or if you will be completing a smoking cessation program.

Kent County has teamed up with our health care claim administrators to offer no-cost programs designed to **help you quit** smoking.

- **Tobacco Cessation Coaching Program with a Certified Health Coach.**
- **A Set Quit Date**
- **Educational Material**
- **(Optional) Up to Two Rounds of Nicotine Replacement Therapy (screening process must take place to qualify)**

**To enroll in the program, call toll-free:
1-855-326-5102**

This attestation form may be turned in at any time during the calendar year. Incentives will be applied to your paycheck going forward from the date the completed form was received by Human Resources for the balance of the plan year.

This form must be updated and submitted annually to ensure proper payment.

EMPLOYEE NAME: _____

DEPARTMENT: _____ EMPLOYEE NUMBER: _____

- I do not smoke.**
- I currently smoke but want to quit.**
I will complete a smoking cessation program prior to December 31, 2019.
- I currently smoke and do not plan on quitting.**

The information provided is accurate and factual. I understand that falsified information, provided on this form, is subject to disciplinary action.

EMPLOYEE SIGNATURE: _____ DATE: _____