

2010-2011 WILLIAMSON COUNTY
WELLNESS PROGRAM



REASONABLE ALTERNATIVE AFFIDAVIT FOR TOBACCO-FREE PREMIUM DISCOUNT

Williamson County is providing you with this opportunity as a reasonable alternative to attempt to be *Tobacco-free* in order for you to receive the *Tobacco-free* Premium Discount. If it is unreasonably difficult for you to become *Tobacco-free* in order to receive the *Tobacco-free* Premium Discount due to a medical condition (i.e. an addiction to nicotine) and you should need help in finding programs, resources or classes to help you to become *Tobacco-free*, please immediately call the Williamson County Human Resources Department at (512) 943-1533 and we will work with you by providing suggestions. If it is medically inadvisable for you to attempt to be *Tobacco-free* in order to receive the *Tobacco-free* Premium Discount due to a medical condition (i.e. an addiction to nicotine), please consult with your physician and provide the required documentation in order to receive the *Tobacco-free* Premium Discount.

I, the undersigned, am currently addicted to nicotine and it is either unreasonably difficult for me to become *Tobacco-free* in order to receive the *Tobacco-free* Premium Discount due to my medical condition (i.e. an addiction to nicotine) or it is medically inadvisable for me to attempt to be *Tobacco-free* in order to receive the *Tobacco-free* Premium Discount due to a medical condition (i.e. an addiction to nicotine).

I am currently engaged in personal efforts (i.e. following doctor's orders, participating in a tobacco cessation program, etc.) to be *Tobacco-free* and I have documentation that evidences my attempts to be *Tobacco-free*, which I have provided to Williamson County by attaching such documentation to this affidavit. If my attempt to be *Tobacco-free* is unsuccessful, I understand that I will be required to submit to the Williamson County Human Resources Department additional affidavits and documentation which evidence my continued personal efforts to be *Tobacco-free* in order to continue to receive the *Tobacco-free* Premium Discount. The affidavit and documentation must be submitted every ninety (90) days as indicated below:

August 31, 2011

November 30, 2011

February 29, 2012

May 31, 2012

August 31, 2012

I acknowledge and understand that, if I fail to provide the above described affidavits and documentation every ninety (90) days, I will be immediately obligated, upon such failure, to begin paying the applicable Williamson County Medical plan premium required of those individuals that use a Tobacco Product and I further acknowledge that my Williamson County Medical plan payroll deduction will immediately increase to the appropriate Williamson County Medical Plan premium required of those that use a Tobacco Product.

For definitions of Tobacco Use and Tobacco Product and for terms and conditions relating to the *Tobacco-free* Premium Discount, please refer to the Williamson County Wellness Program Manual, which is incorporated herein by reference for all purposes.

If my attempt to be *Tobacco-free* is successful I will submit the Affidavit for *Tobacco-free* Premium Discount.

I, the undersigned Employee, Retiree, or Spouse, have read the Williamson County Wellness Program Procedures and Requirements, and hereby certify that I understand the requirements for the Tobacco-free Premium Discount. I also acknowledge and understand that I may be subject to criminal prosecution for the willful falsification of information in this affidavit. I, by the act of signing below, hereby certify under penalty of perjury, under the laws of the State of Texas, the foregoing is true and correct. I further understand that if I have made a false claim hereunder that such false claim may cause my Williamson County Health Benefits to be immediately terminated and/or result in denial of any future participation in any Williamson County Benefits Programs. Furthermore, if the facts sworn to hereunder become untrue due to my actions, I must notify the Williamson County Human Resources Department of such fact. If I fail to so notify said department that statements made herein by me are no longer true and correct, my failure may cause my Williamson County Health Benefits to be immediately terminated and/or result in denial of any future participation in any Williamson County Benefit Plans and Programs.

EMPLOYEE #

EMAIL ADDRESS (optional)

SIGNATURE OF EMPLOYEE / RETIREE / SPOUSE

Date: _____, 20____

PRINTED NAME OF EMPLOYEE / RETIREE / SPOUSE

Please retain a copy of this document for your records before submitting to the Human Resources Department.

A Reasonable Alternative Affidavit for *Tobacco-free* Premium Discount and the required documentation must be submitted by **August 31, 2011** for benefit plan year November 1, 2011 – October 31, 2012 and every 90th day following **August 31, 2011** in order to continue to receive *Tobacco-free* Premium Discount. The *Tobacco-free* Premium Discount (amount to be determined in accordance with the law) is effective November 1, 2011. Note: If both the Employee and Spouse are enrolled in the Williamson County Medical Plan, both the employee and spouse must be *Tobacco-free* in order to be eligible for the discount. **Wellness Affidavits may be submitted to the Human Resources Department in one of five ways: Email wellness@wilco.org • Fax (512) 943-1535 • Interoffice Mail • Hand Deliver • U.S. Mail**