

# 2011-2012 WILLIAMSON COUNTY

## WELLNESS PROGRAM

### AFFIDAVIT FOR TOBACCO-FREE PREMIUM DISCOUNT



Under penalty of perjury, I declare that I have not used any Tobacco Product since \_\_\_\_\_ (collectively the "Standard"). I understand that I may be asked to submit a urine continine test **at any time**. Random continine testing of those claiming the *Tobacco-free Premium Discount* may be required at the discretion of Williamson County. If I falsely claim herein that I have not used any Tobacco Product since the date stated above; if a false claim is made for the *Tobacco-free Premium Discount* on my enrollment for Williamson County Medical Plan Coverage; if I refuse to submit a urine continine test at any time; and/or if I have a positive\* continine test at any time, I understand that, in addition to any other remedies set forth herein below, I will be obligated to pay the applicable Williamson County Medical plan premium required of those individuals that use a Tobacco Product and 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 purposes of this *Tobacco-free Premium Discount* program, a positive continine test shall mean 200 ng / ml or greater.**

***If it is unreasonably difficult due to a medical condition for you or your spouse (if applicable) to achieve the above Standard for the reward under this program (Tobacco-free Premium Discount), or if it is medically inadvisable as determined by documentation submitted by your physician or your spouse's physician (if applicable) for you and/or your spouse (if applicable) to attempt to achieve the above Standard for the reward under this program (Tobacco-free Premium Discount), please immediately call the Williamson County Human Resources Department at (512) 943-1533 and we will work with you and/or your spouse (if applicable) to develop another way for you and/or your spouse (if applicable) to qualify for the Tobacco-free Premium Discount.***

As defined in the Williamson County Policy Manual:

**Tobacco Use:** Tobacco Use shall mean and include the lighting, holding, carrying of, inhaling and exhaling of the smoke of a Tobacco Product, which includes but is not limited to the carrying or holding of a lighted pipe, cigar or cigarette or any other lighted smoking equipment or device. Tobacco Use shall also mean the oral use of any type of Tobacco Product.

**Tobacco Product:** The product derived from the dried leaves of any one of the various species of Nicotine, including but not limited to the species Nicotine Tabacum, the broad leafed American plant, which is utilized for smoking, dipping and/or chewing.

***I, the undersigned Employee, Retiree, or Spouse, have read the Wellness Program Procedures and Requirements, and hereby certify that I have fulfilled the above 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.**

The Affidavit for *Tobacco-free Premium Discount* must be submitted within 10 days of receipt for benefit plan year November 1, 2011 – October 31, 2012. *Tobacco-free Premium Discount* 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 submit an affidavit in order to be eligible for the discount.

**Wellness Affidavits may be submitted to the Human Resources Department one of five ways:**

**Email [wellness@wilco.org](mailto:wellness@wilco.org) • Fax (512) 943-1535 • Interoffice Mail • Hand Deliver • U.S. Mail**