

2010-2011 WILLIAMSON COUNTY

WELLNESS PROGRAM

AFFIDAVIT FOR TOBACCO-FREE PREMIUM DISCOUNT



Must be returned to Human Resources by August 31, 2011

Under penalty of perjury, I declare that I am not using any Tobacco Product (the "Standard") as of the date of this affidavit. I understand that I may be asked to submit a urine continine test **at any time** after I submit this affidavit to the Williamson County Human Resources Department. 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 am not using any Tobacco Product; if a false claim is made for the Tobacco 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 immediately 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 / Covered Spouse _____

Date: _____, 20____

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 received by Human Resources by no later than **August 31, 2011** for benefit plan year November 1, 2011 – October 31, 2012. 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 one of five ways:

Email wellness@wilco.org • Fax (512) 943-1535 • Inner Office Mail • Hand Deliver • U.S. Mail