

TOBACCO AFFIDAVIT FOR OSU EMPLOYEES

Please Complete (Print):

Last Name	First	Middle Initial	
Home Address (Street Address/City/State/Zip)			
	CWID	Home Phone	Work Phone

As part of OSU's Tobacco-free Workplace Initiative and to encourage the wellness of our employees, a tobacco-free incentive will be made available to employees which will reduce the cost of health coverage contributions of the employee.

A tobacco user is defined as a person who has smoked or used any tobacco products, such as cigarettes, cigars, smokeless tobacco products, e-cigarettes and/or vapors in the last **12 months**.

If you have used tobacco products within the last **12 months** you may still check the "No" box below, but **ONLY** if you meet the definition of tobacco user and have a medical condition which made it inadvisable to quit using tobacco products **12 months** before the effective date of coverage.

PLEASE PLACE AN "X" IN THE BOX THAT DESCRIBES YOUR TOBACCO USAGE.

Yes, Tobacco User	
<input type="checkbox"/>	By electing this option, you are affirming that you are a tobacco user.

No, Non-Tobacco User	
<input type="checkbox"/>	By electing this option, you are affirming that you do not use tobacco products.

Have completed a tobacco cessation program	
<input type="checkbox"/>	By electing this option, you are affirming that you have completed a tobacco cessation program. Please provide date of completion: _____

Employee's Signature: _____ **Date:** _____

I certify that the above information is true and correct. Falsification of University documents may result in corrective action, up to and including termination of employment; and/or demand of appropriate unpaid past premiums.