

City of Shreveport  
TOBACCO FREE AFFIDAVIT

Participant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

This affidavit is regarding the City of Shreveport Employee's Health Care Trust Fund policy concerning tobacco use. If you or your dependent(s) enroll in the City of Shreveport Medical Plan and are a tobacco user, a monthly surcharge will be added to the cost of your medical coverage. To qualify for tobacco free medical premiums, participants (employees or retirees enrolled in the City of Shreveport Medical Plan) must complete this Tobacco Free Affidavit. Failure to complete the Tobacco Free Affidavit will result in you being charged the tobacco user surcharge. Premium changes based on the use of tobacco products will be made on a prospective basis only and relative to the payroll schedule. No refund of the tobacco user premiums will be made for previous deductions.

I certify that all covered members (myself, my spouse and/or my dependent children) have not used tobacco products within the past 60 days. Additionally, I certify that I have discussed tobacco use with my spouse and my dependent children and I am confident that I am providing accurate information.

I understand that if any covered member (myself, my spouse and/or my dependent children) should begin using tobacco products, I am required to notify Benefits within 30 days. Additionally, I understand that the tobacco surcharge will be effective immediately.

I understand that if I do not currently qualify as a non-tobacco user, I may provide a completed Tobacco Free Affidavit Form at any time (after 60 days of no tobacco use) and will immediately qualify for non-tobacco user status and the removal of the tobacco surcharge.

I understand that random drug testing may include testing for nicotine and separate nicotine testing may be required. A positive nicotine test or failure to participate in the testing while being considered a non-tobacco user will result in the same consequences as providing false information on this affidavit.

I understand that if it is determined that any covered member (myself, my spouse and/or my dependent children) has used tobacco products within the last 60 days or if any covered member (myself, my spouse and/or my dependent children) start using tobacco products subsequent to the date of this application without notifying Benefits, that I may be subject to disciplinary action and may be required to repay all discounts, as well as all claims and other expenses incurred by the City's health plan, plus interest.

I understand that "tobacco use" means the use of any tobacco product (including, but not limited to, cigarettes, cigars, smokeless tobacco, pipe tobacco, oral tobacco products, etc.) in any quantity (regardless of how frequent or infrequent) for 60 days prior to the signing of this affidavit and/or any tie following the signing of this affidavit.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_