

Southeast Restaurants Corp. Tobacco/Nicotine Use Affidavit

Please print clearly, complete entire form,
and return to Human Resources fax (1-888-462-2749)

Employee Information: (employee must complete)

First Name: (Print)		Last Name:		Date:	
Date of Birth: (mm/dd/yyyy)		Store #		Dependents covered?	Y N

Tobacco/Nicotine Use Status (employee must complete) - Select One Option Only (This includes cigarettes, pipes, dip, snuff, chew, vaping, or any other non-FDA approved nicotine delivery devices).

- I am not a Tobacco/Nicotine User (This includes any dependents who are currently covered):**
By making this election, I affirmatively declare that I (or my covered dependents) do not use tobacco and/or nicotine, in any form as of today, and will continue to refrain from tobacco use.
- I (or a covered dependent) am a Tobacco/Nicotine User and have Completed a Tobacco Cessation Program:**
I have completed a qualified tobacco cessation program and can provide a certificate of completion. I understand that by completing the program annually I will waive the penalty on my medical premium as the result of my tobacco use status.
- I am a Tobacco/Nicotine User (or a covered dependent is a tobacco/nicotine user):**
By making this election, I confirm that as of today, I (or a covered dependent), use tobacco/nicotine and plan to continue its use. I understand that I will pay an additional \$35.00 per pay check penalty on my medical premiums as a result of my tobacco/nicotine use status.
- I choose not to participate in the questionnaire:**
I choose not to disclose my status as it relates to tobacco use. I understand that by not making an election I am choosing to pay the additional \$35.00 per pay check on my medical premiums. No negative inferences shall be made based on my decision not to disclose my status.

I acknowledge that if I do not make a tobacco use election and do not return this form, I will automatically be subject to the additional surcharge of \$35 per pay check on my medical premiums.

(In compliance with the EEOC Employer Wellness Program regulations, if you currently smoke or use the nicotine products listed above, but complete a tobacco cessation program & turn in your certificate to Human Resources before October 1 or April 1, whichever comes first, you will be reimbursed for all surcharge deductions paid since your surcharge began in the current plan year (up to 6 months).

I verify the information on the Tobacco Use Affidavit to be complete and accurate to the best of my knowledge. I understand that my answers to the questions contained on this form will be used to determine if I will be charged a tobacco/nicotine surcharge on my medical premiums. I understand that Southeast Restaurants Corp. may, at its discretion, conduct future testing to confirm compliance with non-tobacco use. I further understand that Southeast Restaurants Corp. may recover its contributions from me if testing confirms my use of tobacco. **I understand if any material information is misrepresented on this form regarding my tobacco use status, I may be subject to penalties.**

EMPLOYEE AUTHORIZATION: By my signature below, I agree to the Terms and Conditions listed above.

SIGNED: _____

DATE: _____

EMPLOYEE SIGNATURE—DO NOT PRINT

Tobacco/Nicotine Surcharge Info And Smoking Cessation Information

We now have a surcharge for tobacco/nicotine users. This includes cigarettes, pipes, dip, snuff, chew, vaping (or any other non-FDA approved nicotine delivery devices).

The negative health effects of tobacco are well documented. According to the CDC, cigarette smoking causes approximately 1 out of every 5 deaths in the United States each year. It is likely that you know someone negatively impacted by tobacco use. In addition, there is an economic impact to tobacco use.

Please fill out the attached Tobacco/Nicotine Usage Affidavit & return with your enrollment papers.

All benefit enrolled employees who use tobacco or non-FDA approved nicotine delivery devices (e.g., e-cigarettes/vaping) will pay an additional premium surcharge of \$35 per pay period. If you currently use tobacco or e-cigarettes you may qualify for the lower premium by completing a tobacco cessation program, and providing proof to the Southeast Restaurants Human Resources office before open enrollment (January 1). Or if you complete a cessation program after enrollment, your surcharge can be dropped as of June 1, if you provide the completion certificate to Human Resources before June 1.

Information concerning the free smoking cessation programs can be found at:

South Carolina:

Call 1-800-QUIT-NOW (1-800-784-8669)

or visit: <http://www.quitnow.net/southcarolina/>

Georgia

Call 1-877-270-7867

Or visit: <https://dph.georgia.gov/ready-quit>

Or <https://www.quitnow.net/georgia/>

Alabama

Call 1-800-784-8669

Or visit: <https://alabama.quitlogix.org>

If you are already enrolled with Blue Cross Blue Shield, you can also contact them for information and help to become tobacco/nicotine free. They can also give you resources for community-based programs in your state. Please call 1-855-838-5897, ext. 3.