City of Roswell

TOBACCO-FREE AFFIDAVIT

Employees who are found to have made fraudulent statements in their City of Roswell Tobacco-Free Affidavit may be subject to disciplinary actions up to and including termination under the Human Resources Policy and Procedures Manual, Chapter XIV- Disciplinary and Appeals Procedures, Section 13.1.7, Falsification of City Records.

Employee Name (Please Print)		
Type of Health Benefit Coverage: (Check one)	Employee Only	Employee + Spouse
(circult circ)	Employee + Child (ren)	Family
Please chec	k all statements that apply to yo	u and your family:
	Employee Certification	
•	e and I do not use any form of tobacco harge for employee health coverage.	products. I understand that I will not be
	a tobacco user. I understand that I seriod for employee health coverage.	will be charged a \$50.00 health premium
	Spouse Certification	
· · · · · · · · · · · · · · · · · · ·	e covered under the health care plan in that I will not be charged a tobacco	is tobacco-free and does not use any form of usage surcharge for my spouse.
	covered under the health care plan is h premium surcharge per bi-weekly pa	s currently a tobacco user. I understand that I by period for spouse health coverage.
	Dependent Certification	
		under the health care plan are all tobacco-free vill not be charged a tobacco usage surcharge
	I understand that I will be charged	se) to be covered under the health care plan a \$50.00 health premium surcharge per bi-
use cessation program and certify that	t I am and/or they are tobacco-free, I	ow proof of completion in a bona fide tobacco will not be responsible for paying future retroactively refunded regardless of the
	mation on this form is true and correct. nds for immediate termination of emplo	I further understand that submitting false oyment.
Employee's Signature:		Date: