



Non-Tobacco User Form

Employee Name: _____

Date: _____

Statement: I certify that I do not currently use tobacco products.

I represent that the above statement is true and agree that should I begin using tobacco products, I must immediately report this change in my tobacco use status to Human Resources and will be subject to the tobacco medical plan premium surcharge effective the date I commence/resume using tobacco if I am a Jim Ellis medical plan participant.

I understand that the Medical Plan Administrator has the right to certify that my statements above are true and correct, including requiring blood tests for nicotine presence.

Employee Signature

Date

Attention All Jim Ellis Medical Plan Employees: In order for Jim Ellis employees to avoid the tobacco medical plan premium surcharge of \$25 per month, this form must be submitted prior to effective date of eligibility.

Thank you for your cooperation. Jim Ellis Human Resources