City of Mesquite - Tobacco Affidavit

Note: Employees and Spouses enrolling in a City of Mesquite Health Program are required to sign this affidavit.

Non-Tobacco users should fill out this portion of the affidavit:

I certify that I: (please check all that apply)

☐   do not presently smoke or use tobacco products*

☐   have not smoked or used tobacco products during the 4 months immediately preceding this affidavit

| _____ | _____ | _____ |
| Employee Name **(please print)** | Employee Signature | Date |

| _____ | _____ | _____ |
| Spouse Name **(please print)** | Spouse Signature | Date |

Current Tobacco users should fill out this portion of the affidavit:

| _____ | _____ | _____ |
| Employee Name **(please print)** | Employees Signature | Date |

| _____ | _____ | _____ |
| Spouse Name **(please print)** | Spouse Signature | Date |

Employee   Spouse (check box)

☐   ☐   I am a tobacco user and would like to participate in the City's Tobacco Cessation program to avoid the tobacco surcharge (**PROOF OF COMPLETION REQUIRED**).

☐   ☐   I am a tobacco user and do <u>NOT</u> wish to participate in the City's Tobacco Cessation program.

☐   ☐   I am currently enrolled in the City's Tobacco Cessation program and wish to continue (**PROOF OF COMPLETION REQUIRED**).

Employee DOB: _____   Spouse DOB: _____

Employee Department: _____

*For purposes of this affidavit, "smoke or use tobacco products" means any use of cigarettes, e-cigarettes, clove cigarettes, pipes, cigars, all forms of smokeless tobacco (chewing tobacco, snuff, dip or any other product that contains tobacco), and any other smoking devices that use tobacco such as hookahs regardless of the number of times, frequency or method of use.

I understand that falsification of information is a violation of City policy, which is subject to disciplinary action. I have read the above and understand the penalties that may apply if the information in my statements are false.

HR USE ONLY:

Start Date: _____   Program Completion Date: _____