



## Non-Tobacco or Non-Nicotine Use Attestation

Please review this attestation carefully and complete this form.

The information you provide below will be kept confidential.

**City of Little Rock Employees who participate in the health plan and use Tobacco or Nicotine products and agree to complete a Tobacco Cessation program will not be charged the nicotine surcharge.**

Information on the Quit for Life smoking cessation program is available on myuhc.com and posted on the City's Internet under the Benefits section. You may participate in the smoking cessation program of your choice, however it is your responsibility to provide proof you have completed the program no later than March 31, 2019.

**Please initial by your current nicotine/tobacco status.**

\_\_\_\_\_  
(INITIAL) **I attest that I do not use tobacco or other nicotine products including e-cigarettes and vapors.**

\_\_\_\_\_  
(INITIAL) **I am a tobacco or nicotine user. I understand I will be charged \$25.00 per month if I continue to use tobacco or nicotine.**

**If you are a Nicotine or Tobacco User select from the following options.**

**I will complete a smoking cessation program and provide documentation to Human Resources Benefits & Risk Division by March 31, 2019. I understand failure to submit documentation will result in a charge of \$25.00 per month.**

**I will not participate in a smoking cessation program. I understand I will be charged \$25.00 per month.**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Emp. ID #

\_\_\_\_\_  
Department

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date