



TOBACCO USER/NON-USER CERTIFICATION FORM

Grayson County's Tobacco User Certification program requires employees to certify themselves and their spouses that are enrolled in the County's health care benefit plan as a **Tobacco User** or a **Tobacco Non-User**. List each person who is enrolled in the County's health care benefit plan and indicate the tobacco user status of each person.

NAME	TOBACCO USER		
	YES	NO	PROGRAM
Employee:			
Spouse (if applicable):			

By signing below, I certify and/or agree to the following:

- I agree that should anyone listed above as a non-user, begin using tobacco products AFTER this certification is submitted, it is my responsibility to notify Grayson County by completing a new certification form.
- I understand that tobacco products include, but are not limited to cigarettes, cigars, pipes, chewing tobacco, dip, snuff and all of the forms of smoke-less tobacco and any other smoking devices that use tobacco.
- I understand that Tobacco Surcharges will be payroll deducted twice per month and will not be refunded to me.
- I certify the information above is true and accurate to the best of my knowledge under the penalties of perjury.
- To receive credit for completion, tobacco user/non-user certification form must be completed between 11/1/2018 – 10/16/2019. **This form must be submitted by 10/16/2019.**

Employee Name (PRINT): _____

Employee Signature: _____ Date: _____

Return this form to the County Wellness Coordinator

For HR use only:

Date Submitted: _____ Received by: _____ Benefit year: _____