



Tobacco Declaration Form

EMPLOYEES ONLY

Effective January 1, 2018, Loyola University Chicago will implement a \$50 per month surcharge to all employees who regularly use tobacco products. The surcharge **does not** apply to covered spouses or dependents this year.

- Employees **MUST** complete the tobacco-free affidavit annually in order to avoid the surcharge.

Therefore, please indicate your tobacco use status below by checking the appropriate box. Please note: tobacco use applies to all types of tobacco products that are smoked (cigarettes, cigars, cigarillos, pipes, electronic cigarettes, vaping products or hookah), applied to the gums (chewing tobacco, dip, and loose tobacco) and/or inhaled (snuff).

Non-Tobacco Users

I have been nicotine-free for the preceding 3 months; and pledge to remain nicotine-free during the upcoming benefit plan year.

Tobacco Users

I have used nicotine products during the preceding 3 months and I do not pledge to remain nicotine-free during the upcoming benefit plan year.

Agreement and Signature

Please review, sign, and date this Affidavit form with your first and last name. By signing this form, I understand that if I am found to be providing untruthful information on this Affidavit, or if I fail to report a change in tobacco usage, it may result in disciplinary action leading up to and including termination of employment. Additionally, the consequences of a false statement, if discovered, are that you would lose all university contribution to your health premium. Lastly, I understand that it is my responsibility to immediately inform Loyola University Chicago's Human Resources (benefits@luc.edu) if I begin or resume using tobacco products at any time.

Employee Name (Print): _____

Employee Signature: _____

Date: _____

Submission:

Please use the above "Email" feature to electronically to send a **signed** copy of this form. A Human Resources staff member will follow-up with you.