

TOBACCO USE AFFIDAVIT FORM

EMPLOYEE/RETIREE NAME: _____

EMPLID: _____

TOBACCO USAGE VERIFICATION - *A tobacco user is defined as any employee or retiree who is currently using tobacco products. "Tobacco products" include but are not limited to cigarettes, cigars and chewing tobacco. This election can only be changed if you certify that you have stopped using tobacco products.*

CHECK ONE

<input type="checkbox"/>	I AM CURRENTLY A TOBACCO USER
<input type="checkbox"/>	I AM NOT A TOBACCO USER
<input type="checkbox"/>	I HAVE RECENTLY CEASED TOBACCO USE (WITHIN THE PAST 60 DAYS)

I do hereby attest that the above information is true and correct to the best of my knowledge. I further understand that if any changes in my tobacco use status occur, it is my responsibility to notify the SPSU HR Department within 60 days.

I further acknowledge and understand that I may be subject to a fine of not more than \$1,000 or imprisonment for not less than one and no more than five years, or both, and I may lose health coverage for one year, if I knowingly and willfully make a false or fraudulent statement or representation to the Board of Regents of the University System of Georgia regarding the information reported on this form or other information pursuant to O.C.G.A. Section 16-10-20.

Signature _____

Date _____

Note: Once you have read and signed this affidavit, please submit it to the SPSU HR Department for processing.