

DriveTime Tobacco Use Affidavit

Beginning January 1, 2013, all employees and their spouses/domestic partners are required to complete the Tobacco Use Affidavit to be eligible for participation in our Wellness Program and our lower Wellness premiums. You have to be tobacco-free beginning January 1, 2013 to qualify for Wellness.

TOBACCO USE INFORMATION

Check the applicable boxes below:

- I have used tobacco products during the prior 12 months Yes No
- I will use tobacco products during the next 12 months Yes No

NOTE: Tobacco products include cigarettes, cigars, chewing or pipe tobaccos or any other tobacco products regardless of the frequency or method of use.

By signing this form, I certify the following:

1. I have truthfully checked the Yes or No box above to accurately reflect my use of tobacco products in the prior 12 months.
2. I understand tobacco products include cigarettes, cigars, chewing or pipe tobacco or any other tobacco products regardless of the frequency or method of use.
3. I understand I will not be eligible for Wellness and will pay the higher Non-Wellness rate beginning January 1, 2013, if I checked "YES" for tobacco use in the prior year or if I do not return this form by the established deadline.
4. I understand if I fail to complete this Affidavit truthfully, DriveTime may increase my premium charges retroactively and I must pay DriveTime the difference in premiums for the period I received the lower rate. I authorize DriveTime to deduct this amount from my wages, bonuses or other compensation.
5. I agree all statements in this non-tobacco affidavit are, to the best of my knowledge and belief, true statements. If I smoke in 2013, I will contact Benefits to change my status and premiums to Non-Wellness and the higher rate. DriveTime may ask me to test for tobacco at DriveTime's expense.

Employee ID (required on form for employee and spouse/domestic partner for identification purposes):

Employee PRINT: _____

Signature: _____ Date _____

Spouse/Domestic Partner PRINT: _____

Signature: _____ Date _____



Questions?

Email Benefits@DriveTime.com

Visit www.DriveTimeBenefits.com

Please submit this form
via fax: **888-505-7130**