



**2014 – 2015
Wellness Incentive Program**

To be completed by Welcoaz Staff:	
Date Received	Date Entered
Welcoaz ID #	

Non-Tobacco User Affidavit Form

Please print clearly. Please keep a copy of all forms for your own records.

Qualifying Months: September 1, 2014 – June 30, 2015

To be filled out by the Participant:

Participant Name		Employee ID #
Participant Phone Number	Participant's Email	Location

This affidavit is required to apply for the Non-Tobacco User Wellness Premium Incentive discount.

I declare that I neither (i) smoke or use tobacco products*, nor (ii) have smoked or used tobacco products at any time during the last three (3) months immediately preceding the date of this affidavit. ** I understand that if I falsely claim the non-tobacco user discount, I will immediately forfeit the premium discount. Further, to reapply for the discount in the future, I would be required to submit proof of non-tobacco use as allowed by law to include blood test results.

Likewise, if I become a tobacco user when participating in the premium discount, I must inform Human Resources that I no longer qualify for the discount. If I fail to do so, I will be subject to the same consequences noted above for making a false claim.

*Smoke or use of tobacco products for purposes of this affidavit means any use of cigarettes, pipes, cigars or chewing tobacco or any other tobacco products regardless of the number of times, frequency or method of use.

** Alternative Option: If an employee does not initially qualify, he or she may still be eligible to receive a \$20/ month premium discount if (s)he does the following. You are eligible for the discount if you complete the CIGNA Tobacco Cessation Program. Contact HR or a Health Coach for additional details.

I, the applicant, have read the above and understand the penalties that may apply if my statements are false.

Participant Signature

Date

Your PHI (personal health information) is protected under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), and will be kept secure by the Wellness Council of Arizona. The Wellness Council will notify your employer when you have completed this component satisfactorily. Your employer will not have access to your legally protected health information. The Wellness Council will act as the confidential record keeper of the Health & Wellness Initiative on behalf of your employer.

How to Turn in Forms:

- Mailing Address: Wellness Council of Arizona, 1670 N. Kolb Rd. Ste. 246, Tucson, AZ 85715
- Secure Fax Number: 520-293-3368 (follow up with a call or email to confirm receipt of your fax)
- Secure Email: secure@welcoaz.org
- To confirm receipt of fax or questions please call 520-293-3369

