



Tobacco-free Affidavit

2024 Plan Year

IMPORTANT INFORMATION—PLEASE READ BEFORE COMPLETING THIS FORM

This affidavit is for the 2024 plan year only. You must certify that you do not use tobacco products each year to receive the monthly reduction to your medical plan premium. If you cover a spouse, you can also complete the affidavit annually on their behalf.

Completing this affidavit will reduce your monthly medical plan contribution by \$15 for yourself or your spouse (or \$30 for both). Tobacco use includes all forms of tobacco products that are smoked (e.g., cigarettes, cigars, pipes, e-cigarettes, vapes), applied to the gums (e.g., dipping, chewing tobacco, or snuff), and/or inhaled.

As an alternative to completing this affidavit, you or your spouse can participate in the free university-approved tobacco cessation program each year to receive the premium reduction. To learn more or enroll, call 1-800-QUIT-NOW. Program completion is defined as completing four calls with a Quit Coach. During your fourth call you must request a certificate of completion. Participants will receive the premium reduction after submitting this certificate to IU Human Resources.

By initialing below, I affirm that I have read and understand the information in this affidavit. I am making this affirmation in order to receive the 2024 premium reduction for non-use of tobacco.

I understand that if I, or my spouse, begin routine use of tobacco during the year, I am no longer eligible for the premium reduction and must report this change to Human Resources immediately.

I understand that tobacco includes all forms of tobacco products that are smoked (e.g., cigarettes, cigars, pipes, electronic cigarettes, vapes), applied to the gums (e.g., dipping, chewing tobacco, or snuff), and/or inhaled.

I understand that the intentional falsification of this affidavit or failure to report the commencement of tobacco use after completing this affidavit can constitute fraud.

SECTION 1—EMPLOYEE AFFIDAVIT (initial one)

	I do not use tobacco products and agree not to use any tobacco products during the 2024 plan year.
	I decline to respond to the Tobacco-free Affidavit.

SECTION 2—SPOUSE AFFIDAVIT (initial one)

	My spouse does not use tobacco products and agrees not to use any tobacco products during the 2024 plan year.
	I decline to respond to the Tobacco-free Affidavit for my spouse.

SECTION 3—EMPLOYEE SIGNATURE

Employee Name (printed):	Employee 10-digit ID:
Employee Signature:	Date:

To sign and submit this form digitally you must first save it to your device.

Submit this form by email to askhr@iu.edu; or by mail to IU Human Resources, 2709 E 10th Street, Suite 321, Bloomington, IN 47408.

HR USE ONLY

Date: _____ Initials: _____