



# Tobacco-Free Affidavit

**2025 PLAN YEAR (JANUARY 1 – DECEMBER 31, 2025)**

**This affidavit is for the 2025 plan year only.** To receive the monthly reduction in your 2025 medical plan premium, you must confirm each year that you and your spouse, if applicable, don't use tobacco products. Here's how it works:

- **During Open Enrollment:** Complete the affidavit, and your premium will be reduced by \$7.50 per month for yourself or your spouse (or \$15 for both) for the entire 2025 plan year.
- **Outside Open Enrollment:** If you submit the affidavit later, your premium reduction will only apply to your paychecks from that point forward.

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 2025 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, e-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 2025 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 2025 plan year.

I decline to respond to the Tobacco-free Affidavit for my spouse.

**SECTION 4—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 by email to [askhr@iu.edu](mailto:askhr@iu.edu); or by mail to IU Human Resources, 2709 E 10th Street, Suite 321, Bloomington, IN 47408.**

**HR USE ONLY**

Date: \_\_\_\_\_ Initials: \_\_\_\_\_