

TOBACCO USER/NON-USER CERTIFICATION FORM

Grayson County's Tobacco User Certification Program requires employees to certify themselves and their spouses that are enrolled in the County's health care benefit plan as a **Tobacco User** or a **Tobacco Non-User**. List each person who is enrolled in the County's health care benefit plan and indicate the tobacco user status of each person.

NAME	TOBACCO USER		
	YES	NO	PROGRAM
Employee:			
Spouse (if applicable):			

By signing below, I certify and or agree to the following:

- I agree that should anyone listed above as a non-user, begin using tobacco products AFTER this certification is submitted, it is my responsibility to notify Grayson County by completing a new certification form.
- I understand that tobacco products include, but are not limited to cigarettes, cigars, pipes, chewing tobacco, dip, snuff, e-cigarettes, vaping devices and all of the forms of smoke-less tobacco and any other smoking devices that use tobacco.
- I understand that Tobacco Surcharges will be payroll deducted twice per month and will not be refunded to me.
- I certify that information above is true and accurate to the best of my knowledge under penalties of perjury.
- To receive credit for completion, Tobacco User/Non-User Certification Forms must be completed between 11/1/2023 – 10/11/2024.

Employee Name (PRINT): _____

Employee Signature: _____ Date: _____

Completed forms should be returned to the Human Resources Department

For HR Use Only

Date Submitted: _____ Received By: _____ Benefit Year: _____

DATE RECEIVED

AMOUNT

DATE PAID

DESCRIPTION

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ACCOUNT

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