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:					

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