

NICK SHERMAN
CHAIR
ELECTRA S. JANIS
VICE CHAIR
LARRY MAGGI
COMMISSIONER

(724) 228-6724



COUNTY OF WASHINGTON
COMMONWEALTH OF PENNSYLVANIA
95 WEST BEAU STREET, SUITE 400
WASHINGTON, PA 15301

NON-TOBACCO USER CERTIFICATION

I certify that I, and my spouse, if applicable, (1) do not presently smoke or use tobacco products, and (2) have not smoked or used tobacco products during the 6 months immediately preceding the date of this certification. I understand that both myself and my spouse must be tobacco free to receive a discount on my deductible responsibility.

I understand that if I do not execute and submit this certification as required, it will be assumed that I am a tobacco user. As a tobacco user, I will be responsible for a higher portion of my deductible, unless I/we complete a tobacco cessation program and provide a certificate of completion. I further understand that I/we have been offered an opportunity to enroll in a tobacco cessation program provided by the County of Washington or through a program of my choice. Upon completion of the program, I will provide a "certificate of completion" prior to December 31st preceding the upcoming plan year to remain eligible for the discounted deductible responsibility.

I understand that falsification of information is a violation of company policy, which is subject to disciplinary action up to and including termination of employment. I further understand that any misrepresentations on the form may result in an increase in my deductible responsibility since I will not be eligible to receive the discounted deductible responsibility available to non-tobacco users.

"Tobacco Free" for purposes of this certification means any non-use of cigarettes (including e-cigarettes), pipes, cigars or any other tobacco products (snuff, chewing tobacco, etc.) regardless of the number of times, frequency or method of use.

Signature

Date

Print Name

Spouse Signature

Date

Print Name