



## 2025 Tobacco/Smoke Free Affidavit

**If you use tobacco and will be covered under the medical plan offered by CCG in 2025, you must complete a Tobacco Cessation Program to avoid the surcharge.**

In an effort to promote and support the health and wellness of employees, the Columbus Consolidated Government will impose a **\$75.00 per month or \$34.62 biweekly surcharge** above the premium rate for all active employees/Pre-65 Retirees Premium Plans including the Silver and Gold Plan. This surcharge is subject to change annually. The surcharge applies to employees/Pre-65 retirees, who are tobacco users. For purposes of the premium surcharge, "tobacco use" is defined as:

- Using any tobacco product (other than for religious or ceremonial use) including cigarettes, cigars, pipes, electronic cigarettes, vaping; tobacco products applied to the gums (e.g., dipping, chewing tobacco, or snuff)
- Uses tobacco products on average four or more times a week.
- Within no longer than the past six months.

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Employee Name:

Last 4 digits of SS#

**Please read all 3 options and check one:**

I hereby acknowledge and certify that I **HAVE NOT USED**, tobacco products, in any form, within the past six (6) months. **The \$75.00 per month/\$34.62 biweekly surcharge WILL NOT apply.** I also acknowledge and certify that it is my responsibility to notify Human Resources within 10 days if I resume or begin using tobacco products, and as a result, I will be subject to the additional \$75.00 per month/\$34.62 bi-weekly tobacco surcharge. Employees certifying that they are non-tobacco users are subject random tobacco testing throughout the plan year.

I hereby acknowledge and certify that I have completed the *CareATC Tobacco Cessation Program (ONLINE)* within the last 10 days: therefore, making me eligible for the tobacco-free premium discount. **The \$75.00 per month/\$34.62 biweekly tobacco surcharge WILL NOT apply.**

I hereby acknowledge and certify that I **HAVE USED**, tobacco products, in one of the forms identified herein, within the past six (6) months. **The \$75.00 per month/\$34.62 biweekly tobacco surcharge WILL apply.**

**Note:**

The Columbus Consolidated Government supports its employees' desire to quit; therefore, the CCG offers a tobacco cessation program through the Health & Wellness Center who will also offer tobacco cessation medications.

**If your status changes you are obligated to notify Human Resources within ten (10) days.**

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**Plan Purpose:** Substantial scientific evidence exists that the use of tobacco products is detrimental to the health of the users of those products, contributes to higher health care costs, higher absenteeism, higher life insurance premiums and decreased productivity. Accordingly, effective with the plan year beginning on January 1, 2022, the Columbus Consolidated Government Employee/Pre-65 Retiree Health Plan offered a Preferred Premium Plan as an incentive to encourage employees and, pre-65 retirees to forgo the use of tobacco products.

**Consequences of False Certification:** The penalty for false certification of tobacco product abstinence is imposition of the tobacco surcharge immediately following the discovery of false certification or positive random nicotine test. *The \$75.00 per month/\$34.62 biweekly tobacco surcharge WILL apply.*

**Removal of Tobacco Surcharge:** The tobacco surcharge may be removed by completing the Tobacco Cessation Program Option #2. Once you have completed a tobacco cessation program and provided certification (proof) of program completion, the tobacco surcharge will be removed and a retroactive refund of the tobacco surcharge for that year will be issued.

**Random Nicotine Testing:** Employees must agree to random nicotine testing at the Columbus Consolidated Government's expense for evidence of tobacco product consumption. **Failure to Return Tobacco/Smoke Free Affidavit: EMPLOYEES WHO FAIL TO COMPLETE, AND SIGN A TOBACCO AFFIDAVIT ON E-FORMS BY October 18, 2024, WILL BE ENROLLED BY DEFAULT INTO THE TOBACCO SURCHARGE RATE EFFECTIVE JANUARY 2025.**

By affixing their signature, Employee certifies that the information set forth in this affidavit is true and correct.

\_\_\_\_\_  
Printed Name of Employee

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security # (last 4 digits only)

\_\_\_\_\_  
Department Name

\_\_\_\_\_  
Department Code

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/ State/ Zip Code

Please **DO NOT** inter-office , email or bring Tobacco Affidavit to HR. Complete tobacco Affidavit on **E-FORMS**.