

Mosaic Tobacco-Free Affidavit

The premium differential for employees or spouses/domestic partners on the Mosaic health plan who use tobacco is \$120 per person per month (\$240 a month if both the employee and spouse/domestic partner use tobacco). Tobacco products include cigarettes, cigars, snuff, chewing or pipe tobacco, electric cigarettes, or any other tobacco product, regardless of the frequency or method of use.

If you have successfully stopped using tobacco products and would like to have your status updated to “non-tobacco user” you must complete and sign this Mosaic Tobacco Free Affidavit. The information you provide on this form will be kept confidential and will not be used for any purpose other than to determine your eligibility for the premium credit.

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- I certify that I, (1) do not presently use tobacco products, and (2) have not used tobacco products during the 3 months immediately preceding the date of this Affidavit. I also commit to being tobacco-free on an ongoing basis. Tobacco-free means I will not use cigarettes, cigars, snuff, chewing or pipe tobacco, electric cigarettes, or any other tobacco product. I understand that any usage of any tobacco product is considered tobacco use.
 - 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 and will result in my obligation to pay back any premium credit (“Payback”) received from the date of this Affidavit. I hereby authorize Mosaic to deduct the Payback amount from any eligible earnings or my last paycheck.
 - I further understand that any intentional falsification of this Affidavit will result in an increase in my premiums since I will not be eligible to receive the premium credit available to non-tobacco users.
 - I understand that it is my obligation and responsibility to notify Human Resources if I and/or my spouse/domestic partner covered under the plan begin to smoke/use tobacco at any future date.
 - I also understand and agree that nicotine testing may be required based on information received that conflicts with this Affidavit. Refusal to submit to testing required to confirm premium credit eligibility will be considered an admission of tobacco use and will result in an increase in my premiums.

Choose One: Employee Spouse/Domestic Partner

Name: _____

Employee ID: _____ Year of Birth: _____

E-mail Address: _____

Signature: _____ Date: _____

Please return this form to HR Connect at HRConnect@mosaicco.com.