



NON-TOBACCO USER AFFIDAVIT FORM

Instructions: Complete all fields of this form and submit a copy to Tori Bontrager, EACS Employee Wellness Coach at tbontrager@eacs.k12.in.us or by courier to the EACS Annex Building by **December 3rd, 2021**.

To be filled out by the Participant:

Participant Name: _____ **EMPLOYEE ID #:** _____

Gender: Male: _____ **Female:** _____ **Work Location:** _____

Date of Birth: _____ **Email:** _____

I declare that I neither (i) smoke or use tobacco products*, not (ii) have smoked or used tobacco products at any time during the last three (3) months immediately preceding the date of this affidavit. I understand that if I falsely claim the non-tobacco user, I will immediately forfeit the wellness incentive.

Likewise, if I become a tobacco user when participating in the wellness incentive program, I must inform Tori Bontrager, EACS Wellness Coach that I no longer qualify for the incentive.

*Smoke or use tobacco products for the purposes of this affidavit means any lighted or unlighted cigarettes, cigars, pipes, hookah, chewing tobacco, snuff, roll your own tobacco, smokeless tobacco and any other items containing or reasonably resembling tobacco or tobacco products.

I, the applicant, have read the above and understand the penalties that may apply if my statements are false.

Participant Signature: _____ **Date:** _____

By typing my name into the "Signature" field above, I intend my name to be equivalent of a handwritten signature.

Your PHI (personal health information) is protected under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), and will be kept secure by Parkview Workplace Wellness. Parkview Workplace Wellness will notify your employer when you have completed this component satisfactorily. Your employer will not have access to your legally protected health information. Parkview Workplace Wellness will act as the confidential record keeper of the Health & Wellness Incentive Program on behalf of your employer.

Submit form to Tori Bontrager, EACS Employee Wellness Coach:
tbontrager@eacs.k12.in.us

The logo for Parkview Workplace Wellness features a green diamond-shaped icon composed of smaller green squares to the left of the text 'PARKVIEW' in a bold, sans-serif font, with 'WORKPLACE WELLNESS' in a smaller, green, sans-serif font below it.

To be completed by Parkview Staff:

Date Received: _____

Date Entered into Tracker: _____