

**Non-tobacco or Nicotine Use and Employee Wellness Program Affidavit**  
(Please read carefully)

or  your choice for each below.

Yes	No	<p>1. I <u>do not</u> presently use, nor have I used, tobacco or tobacco products as defined by the Patient Protection and Affordable Care Act; Health Insurance Market Rules; Rate Review<sup>1</sup> guidelines which are:  <i>“Use of tobacco on average four or more times per week within no longer than the past six (6) months. This includes all tobacco products, except that tobacco use does not include religious or ceremonial use of tobacco.”</i></p> <p align="center"><small>1 Federal Register, Vol. 78, No. 39, Part 147 § 147.102 (1) (iv) 1.5:1</small></p>
Yes	No	<p>2. I understand that if I <u>do use</u> tobacco as defined above, that I may be offered an opportunity to get additional discounts on the employee-only portion of my 2023 and 2024 medical insurance premiums as offered by the City of Branson through its 2023 Employee Wellness Program when I complete a nicotine cessation coaching, as provided by the City at no cost to me. I further understand that if I do not complete the nicotine cessation coaching or do not complete it by the deadline, that I will not earn the 15% discount of the cost of premiums for the employee-only portion of my medical insurance that is offered to employees who complete the non-tobacco/nicotine incentive program.</p>
Yes	No	<p>3. I understand that if I complete a health risk assessment through my personal primary care physician, that I may be offered an opportunity to get a 15% discount on the employee-only portion of my 2024 medical insurance premiums as offered by the City of Branson through its 2023 Employee Wellness Program. I also understand that if I do not complete the health risk assessment or do not complete it by the deadline, that I will not earn the 15% incentive that goes towards the cost of premiums for the employee-only portion of my medical insurance. I further understand that the health risk assessment involves biometric measurements that are required to include measuring:</p> <ul style="list-style-type: none"> <li>a. My blood hemoglobin A1C</li> <li>b. My waist to height ratio</li> <li>c. My blood pressure</li> <li>d. My total cholesterol</li> <li>e. My triglycerides</li> </ul>
Yes	No	<p>4. I understand that my participation in the City of Branson Employee Wellness Program is voluntary. I further understand that no employment decision will be taken based on my participation, or the lack thereof, in the Employee Wellness Program.</p>
Yes	No	<p>5. I understand that if I fail to complete this affidavit, mark “no” on any part of this affidavit, or I fail to complete the nicotine cessation coaching (if applicable) or the health risk assessment – to include ensuring all forms and verification of completion of the Employee Wellness Program are received by Human Resources – by the September 30, 2023 deadline, I will only receive the normal 70% discount of the employee-only portion of my 2023 or 2024 medical insurance.</p>
Yes	No	<p>6. Finally, I have been instructed on where to find the text of the document for the 2023 Employee Wellness Program online, and all requisite forms, and I have been given adequate opportunity to ask Human Resources representatives any questions I have for clarification before signing this affidavit.</p>

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_