



# Knox County Human Resources

Employee # \_\_\_\_\_

## Non-Tobacco Use Incentive Affidavit Form 2010

**PLEASE KEEP A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS.**

Return to Knox County Human Resources ♦ Suite 360 ♦ City County Building  
♦ website: www.knoxcounty.org/hr ♦ email: benefits@knoxcounty.org

### PART I \_\_\_\_\_

Thank you for being committed to achieving a healthier lifestyle. For this effort, we offer you a contribution to your Health Reimbursement Arrangement Account or your Health Savings Account.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Employee SS #: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Elected or appointed official you work for: \_\_\_\_\_

### PART II \_\_\_\_\_

#### NON-TOBACCO USE INCENTIVE

\$120.00 to be deposited by Knox County Government into a Health Reimbursement Agreement account or Health Savings Account on behalf of this employee. **Please note that if your effective date for benefits is after 1/1/2010, the amount of this incentive will be prorated accordingly.** You are eligible for this incentive if you have been tobacco free for at least six months prior to signing this affidavit and you remain tobacco free through the end of calendar year 2010. This incentive applies only to employees enrolling in medical coverage through employment at Knox County Government. Simply sign and date this form in the area below. **Please be sure to read the disclosure statement following the signature line below.**

My signature indicates that the information on this form is true and correct. Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of false, incomplete or misleading information may be guilty of a felony of the third degree. This is a misappropriation of Knox County Government funds. I understand that Knox County Government may, at its discretion, conduct future testing to confirm compliance with non-tobacco use. I understand that Knox County Government may recover its contribution from me if testing confirms my use of tobacco. I understand that Knox County Government may recover its contribution from me if I am discovered to have used tobacco products during the period beginning six (6) months prior to signing this affidavit and ending at midnight December 31, 2010. I also understand that my department head will receive a list of all employees in my department who have submitted a signed Non-tobacco Use Incentive Affidavit.

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

\_\_\_\_\_  
Date

Please have your supervisor sign the form below confirming that he or she is aware that you are claiming this benefit.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Supervisor's printed name