



2016 Ector County Tobacco Affidavit

By signing this Tobacco Use Affidavit, I certify that:

_____ I am a non-smoker/non-tobacco/non-nicotine user and have not smoked a cigarette, cigar, pipe or used a tobacco/nicotine products of any kind or form as of ___ / ___ / _____. Never

_____ I am a smoker/ tobacco/ nicotine user and I understand that starting January 1, 2016, I will be charged a tobacco/nicotine surcharge of \$25.00 monthly.

_____ I am a smoker/ tobacco/ nicotine user and I would like more information on tobacco/nicotine cessation programs offered through Ector County.

I understand that it is my obligation and responsibility to notify Human Resources if I begin to smoke/use tobacco/nicotine products at any future date. I understand that any dishonest or false representation of my non-smoker/non-tobacco/non-nicotine user status will result in the immediate forfeiting of my eligibility for Ector County Insurance and that I and my dependents will be immediately dropped from Ector County Insurance.

Printed Name

Department

Signature

Date