

State of Indiana Participating School Corporations Non-Tobacco Use Agreement and Request for Premium Reduction For Plan Year 2022

In exchange for a \$75.83 monthly reduction in my state employee group health insurance premium:

1. I agree to abstain from using any tobacco products during 2022.
2. I understand that to receive the reduction in premium, I may be subject to cheek swab tests for cotinine (an alkaloid in tobacco and metabolite of nicotine), and I agree to submit to such testing. A positive test result creates a rebuttable presumption of tobacco use and breach of this agreement. Refusal to submit to testing constitutes a breach of this agreement.
3. I understand and agree **if I accept this agreement and later use tobacco or otherwise breach this agreement, I may be subject to discipline**, for breach of this agreement and inappropriately taking the \$75.83 monthly premium reduction.
4. The only exception to the above penalty is if I revoke this agreement prior to using any tobacco product. I will revoke by contacting Aubrey Chaney at (765) 345-5101.
5. **Only proof of use of an FDA approved Nicotine Replacement Therapy product will be accepted as evidence to rebut the presumption of tobacco use that constitutes breach of this agreement.** FDA approved medications for smoking cessation can be found at <https://www.fda.gov/consumers/consumer-updates/want-quit-smoking-fda-approved-products-can-help>. Vaping and e-cigarette products are not legitimate, FDA approved nicotine replacement therapy products.
6. If I breach or revoke this agreement, I agree to repay the State of Indiana for each \$75.83 monthly premium reduction I received for 2022.
7. For enforcement of this agreement, I consent to the release of cotinine test results to management representatives of my employer. Otherwise, disclosure of the cotinine test results are restricted consistent with the Notice of Indiana State Employee Group Insurance Plan - Privacy Practices, <http://www.in.gov/spd/files/HIPAA-Privacy-Notice.pdf>.

Notice: If your physician determines abstaining from the use of tobacco is not medically appropriate, a reasonable alternative standard will be made available for the incentive.

I accept

I decline

Print Name

School Corporation

Signature

Date

Employee ID or SSN