

# 2020-2021 Wellness Your Way Program

## Non-Tobacco User Affidavit Form

Verified by WELCOAZ Program



**Instructions:** The qualifying period for submission is **June 1, 2020 to May 31, 2021**. Complete all fields of this form and submit a copy to the Wellness Council of Arizona. Please print clearly and keep a copy of all forms for your own records.

### To be filled out by the Participant:

<b>Participant Name</b>		<b>Employee ID #</b>
<b>Gender</b>	<b>Date of Birth</b>	<b>Location</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female	___ / ___ / _____	
<b>Phone Number</b>		<b>Email</b>

I declare that I neither (i) smoke or use tobacco products\*, nor (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 discount, I will immediately forfeit the wellness incentive. Further, to reapply for the discount in the future, I would be required to submit proof of non-tobacco use as allowed by law to include blood test results.

Likewise, if I become a tobacco user when participating in the wellness incentive program, I must inform Human Resources that I no longer qualify for the discount. If I fail to do so, I will be subject to the same consequences noted above for making a false claim.

\*Smoke or use of tobacco products for purposes of this affidavit means any use of e-cigarettes, cigarettes, pipes, cigars or chewing tobacco or any other tobacco products regardless of the number of times, frequency or method of use.

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

**Participant Signature**

**Date**

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

### How to Submit Forms to the Wellness Council of Arizona:

- **Secure Email:** verified@welcoaz.org (preferred method)
- **Mailing Address:** Wellness Council of Arizona  
1670 N. Kolb Rd. Ste. 246, Tucson, AZ 85715
- **Secure Fax Number:** 520-293-3368 (follow up with a call to 520-293-3369 or email to confirm receipt of your fax)



### To be completed by Welcoaz Staff:

Date Received	Receipt Type
Date Confirmed	Date Entered into Tracker