

2021 Non-Smoker/Tobacco Credit Form

Employees on the Medical Plan must complete this certification to qualify for the \$5 per week non-smoker/tobacco credit: Please provide the information requested as it pertains to your use of Tobacco or Smoking.

Participant Information (Please print)

Employee Name	Company Name	City, State	Division Number	Date

Smoking/ Tobacco Status

By signing this form, I certify:

As of today, I have not smoked or used tobacco products and I pledge not to smoke or use any tobacco product during 2021. I agree to notify HR/payroll if I begin to smoke or use tobacco products at any time going forward and through 2021.

Employee Signature _____ Date _____

Please complete and return to Human Resources or email to:

Monique.Maciel@commercialroofingadmin.com

