

# 2018 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 2018. I agree to notify HR/payroll if I begin to smoke or use tobacco products at any time going forward and through 2018.

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

Please complete and return by mail, fax or email to Human Resources.

### AmeriBen

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Meridian, ID 83642

Attention: Monique Maciel

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**Fax:**(208) 424-0595

Attention: Monique Maciel

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