



## **TOBACCO-FREE AFFIDAVIT 2024**

The University promotes the value and importance of a healthy lifestyle through both our benefits and our Working Well programs. We continue this initiative by providing an annual tobacco-free premium discount to Employees and Under 65 Retirees who have certified that they and any of their dependents who are enrolled in a Ball State University health plan are “tobacco-free.” The annual discount for 2024 will remain at \$900 or \$75 per month. **A new Tobacco-Free Affidavit must be completed and returned to the Office of Employee Benefits to receive the Plan Year 2024 reduction.**

As an alternative to completing the affidavit, the Employee/Under 65 Retiree and/or their dependents that are tobacco-users may successfully complete a University approved smoking cessation program to receive the premium discount. For information regarding approved programs, please contact Working Well at 765-285-9355 or [workingwell@bsu.edu](mailto:workingwell@bsu.edu). Please see the reverse side of this form for a schedule of deadlines and corresponding effective dates to begin the discount in 2024. You will have three additional opportunities outside of the annual Open Enrollment in which to qualify for the discount.

**Below, please enter the name and BSU ID # that is on the billing statement you receive instead of the dependent’s name.**

<b>Employee/ Retiree Name:</b>	<b>BSU ID #:</b>
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Please check the appropriate box:

- I certify that I and/or and all of my dependents enrolled in a Ball State health plan have been tobacco-free for the past six months, therefore making me eligible for the tobacco-free premium discount.
- I certify that I and/or my dependents have completed an approved tobacco-cessation program and are tobacco-free, therefore making me eligible for the tobacco-free premium discount. (Attach documentation of program completion.)
- I decline to respond to the Tobacco-Free Affidavit, therefore I am not eligible for the tobacco-free premium discount.

By signing below, I hereby certify that the above information is complete and true. I am making this affirmation in order to receive the Plan Year 2024 tobacco-free premium discount.

- I understand that tobacco includes any form of tobacco products that are smoked (e.g., cigarettes, cigars, pipes, electronic cigarettes), applied to the gums (e.g., dipping, chewing tobacco, or snuff), and/or inhaled.
- I understand that if I, and/or any of my enrolled dependents, begin use of tobacco products I am no longer eligible for the premium discount and must report this change to the Employee Benefits Office.
- I understand that I, and/or any of my enrolled dependents, may be subject to testing for nicotine at any time during the Plan Year 2024. Refusal to submit to testing for nicotine will result in the removal of the Tobacco-Free Premium Discount.
- I understand that if I (the Employee/Under 65 Retiree) and/or my enrolled dependents use tobacco products and do not notify the University, or if I falsify my “tobacco-free” status on this affidavit, I may face penalties including retroactive collection of additional premiums, cancellation of my health coverage, and disciplinary action, up to and including termination.

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

\_\_\_\_\_  
Date

Return this completed form to the Employee Benefits Office by **Wednesday, November 8, 2023** to begin the discount effective January 1, 2024.

**Employee Benefits  
Ball State University  
2000 West University Avenue  
Muncie, IN 47306**

**Fax: 765-285-8480  
Email: [humanresources@bsu.edu](mailto:humanresources@bsu.edu)  
Interoffice: AD029**

\*Note: If it is unreasonably difficult due to a medical condition for you or your enrolled dependents to cease using tobacco products, please contact the Employee Benefits Office at 765-285-1834 or [humanresources@bsu.edu](mailto:humanresources@bsu.edu), and we will work with you to develop another way for you to qualify for the premium discount.

If you and/or your enrolled dependent(s) complete an approved tobacco cessation program by one of the dates below, your tobacco-free premium discount will be applied on or after the listed discount date:

- Successfully complete approved cessation program by **March 1, 2024**, and qualify for the premium discount beginning **April 1, 2024**.
- Successfully complete approved cessation program by **June 1, 2024**, and qualify for the premium discount beginning **July 1, 2024**.
- Successfully complete approved cessation program by **September 1, 2024**, and qualify for the premium discount beginning **October 1, 2024**.

The above schedule also applies to employees who simply fail to return their completed and signed affidavits before the Plan Year 2024's deadline of November 8, 2023, and/or employees who certify that they and/or their enrolled dependent(s) have been tobacco-free for six months as of the stated date (those who ceased using tobacco products on their own for a six-month period in lieu of completing an approved cessation program).

Please contact the Office of Employee Benefits at 765-285-1834 if you have questions about the Tobacco-Free Premium Discount.