

NICOTINE NON-USE STATEMENT

Please check one:

- I currently use nicotine products.
- I hereby affirm that I have not used nicotine products of any kind more than six (6) times in the past 12 months and will not use them in the future. I understand that I will have a lower contribution toward my health insurance premiums for the following plan year, as long as I maintain this nicotine non-use status.

I further understand that if I am enrolled in this plan, then I am not eligible for this more favorable premium contribution unless I remain nicotine-free.

I understand that if I should use nicotine products of any kind, I must immediately notify MAC Trailer's Human Resource Department of this change in status and I will no longer be eligible for the non-nicotine user premium reduction.

I hereby affirm that I have not used nicotine products of any kind more than six (6) times in the past 12 months and will not use them in the future.

I have read, understood, and agreed to the above statements.

Employee's Name

Employee's Signature

Date

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you (and your doctor, if you wish) to find a wellness program with the same reward that is right for you regardless of your health status.

