



MEMORANDUM

DATE: September, 2024

TO: All U.S. Unilock Employees

RE: Medical Benefits - Nonsmoker Discount

In an effort to continue to promote Health & Wellness for our employees, we are pleased to announce the continuation of our **Nonsmoker Discount Program** for the upcoming plan year beginning **November 1, 2024**. We will continue to offer a discount of \$55 per month on health insurance premiums for any employee on the medical plan who does not smoke or use tobacco products.*

For the purpose of this program, you are a nonsmoker or non-tobacco user if you are not currently, and have not used during the previous 30 days, any tobacco products (e.g. cigarettes, chewing tobacco, snuff, pipe tobacco, e-cigarettes, etc.).

If you smoke or use tobacco products and would like to quit, we encourage you to utilize resources available on the attached schedule.

In order to receive the discount, you will be required to complete the attached affidavit and return it to Human Resources by the close of open enrollment. Late submissions cannot be accepted.

Any dishonest or false representation of employee non-tobacco user status will result in the immediate forfeiting of your right to participate in the wellness incentive.

**If your health status prohibits you from achieving the above goal of being tobacco free, please provide written documentation from your primary care Physician.*



Unilock Medical Plan: Nonsmoker Discount Affidavit

Please review this affidavit carefully, answer the question(s) below, and then sign and date at the bottom. You must complete this affidavit and return it to Human Resources by the end of open enrollment in order to qualify for the discount.

If you do not smoke or use tobacco products you will receive the discount on your health insurance. If you do smoke or use tobacco products you will have the opportunity to receive the incentive by completing the alternate qualification.

The information you provide on this form will be kept confidential and will not be used for any purpose other than to determine your eligibility for the discount.

1. I am a smoker or tobacco user. (Please go to question #2).
- I am not a smoker or tobacco user. (Please skip question #2). You will receive the discount.

2. I am a smoker or tobacco user and:
 - I will participate in the nonsmoker discount program and **agree to enroll in a smoking cessation program.** I am responsible for providing documentation to Unilock substantiating my participation in the program, which must be attached to this form. I will have until **February 28, 2025** to successfully complete the program.
 - I will not participate in completing the alternative qualification and realize I will not receive the discount. **I understand if I do not participate in Unilock's Nonsmoker Discount Program during the initial enrollment period, I may choose to enroll at the next Open Enrollment period, provided I complete an updated affidavit.**

By signing this document, I certify that the above information is true and correct. I also certify that if the information I provided on this form changes, I will immediately notify Human Resources of such change. I understand that providing false information may subject me to repay the discount I received.

Employee Name: _____ Location: _____

Signature: _____

Date: _____



TRANSFORMING
HARDSCAPES

Smoking Cessation Resources

National - All Employees

- National Cancer Institute National Smoking Quit Line
 - 1-877-44U-QUIT (1-877-448-7848)
 - <https://smokefree.gov/>

East Coast, Michigan, Ohio, & Chicago Employees – *Enrolled with Highmark*

- Highmark BCBS of WNY
 - 1-844-639-2441
 - www.Highmark.com/bcbswny

East Coast Employees

- New York Smokers' Quit Line
 - 1-866 NY QUIT (1-866-697-8487)
 - www.nysmokefree.com

Ohio Employees

- The Ohio Tobacco Quit Line
 - 1-800-QUIT-NOW (1-800-784-8669)
 - <https://mha.ohio.gov/get-help/get-help-now/quit-smoking-and-tobacco-use>

Michigan Employees

- The Michigan Tobacco Quitline
 - 1-800-QUIT-NOW (1-800-784-8669)
 - <https://michigan.quitlogix.org/en-us/>

Chicago Employees

- Illinois Tobacco Quit Line
 - 1-866-QUIT-YES (1-866-784-8937)
 - <http://quityes.org/>