

NICOTINE USE AFFIDAVIT

By signing this form, I certify the following: I have truthfully checked the Yes or No box above that accurately reflects my use of nicotine products in the prior 90 days.

- I am a BHC/LCI employee enrolled in the health plan under my own Employee ID.
- I am a BHC/LCI employee and enrolled in the health plan under my spouse's Employee ID who is also an BHC/LCI employee.
- I am the spouse of an BHC/LCI employee and enrolled in the health plan under my spouse's Employee ID.

Your Employed Spouse's Printed Name

Employee ID Number

Your Signature

Date

Printed Legal Name

Employee ID Number

Check the applicable box below:

I **have not** used nicotine products during the prior 3 months. **Yes** **No**

NOTE: Nicotine products include cigarettes, cigars, chewing or pipe tobacco, vaping, hookah or any other tobacco products regardless of the frequency or method of use including any/all nicotine replacement therapy tools (i.e., e-cigarettes, nicotine patches, nicotine gum, nicotine lozenges, etc.)

My Healthy Blueprint will conduct random nicotine testing. If selected to test, you will be contacted by My Healthy Blueprint to schedule a test date.

If at any point you have a change in nicotine status, whether you begin using a nicotine product or become nicotine free, contact My Healthy Blueprint at **850.469.6903** or **blueprint@bhcpns.org**.

Completed form can be emailed to **blueprint@bhcpns.org** or faxed to **850.908.9030**.

850.469.6903
[Blueprint@bhcpns.org](mailto:blueprint@bhcpns.org)

21-0006/1120

My Healthy
BLUEPRINT
BY BAPTIST HEALTH CARE

 **BAPTIST**
HEALTH CARE