



BOARD OF REGENTS OF
THE UNIVERSITY SYSTEM OF GEORGIA

TOBACCO USE CERTIFICATION FORM

Employee/Retiree Name: _____

Employee ID: _____ or Retirees – Institution retired from: _____

Tobacco Use Certification. A tobacco user is defined as any employee/retiree, spouse, or dependent child(ren) 18+ who currently use tobacco products. "Tobacco products" include but are not limited to cigarettes, cigars and chewing tobacco. This election can be changed only if you certify that you or your covered dependents have stopped using tobacco products.

CHECK ONE (EMPLOYEE OR RETIREE)

<input type="radio"/>	I AM CURRENTLY A TOBACCO USER
<input type="radio"/>	I AM NOT A TOBACCO USER

LIST DEPENDENT NAME AND CIRCLE YES OR NO (COVERED DEPENDENTS AGE 18+)

DEPENDENT NAME

	TOBACCO USER	YES OR NO
	TOBACCO USER	YES OR NO
	TOBACCO USER	YES OR NO
	TOBACCO USER	YES OR NO
	TOBACCO USER	YES OR NO

I do hereby attest that the above information is true and correct to the best of my knowledge. I further acknowledge and understand that I may be subject to a fine of not more than \$1,000 or imprisonment for not less than one and no more than five years, or both, and I may lose health coverage for one year, if I knowingly and willfully make a false or fraudulent statement or representation to the Board of Regents of the University System of Georgia regarding the information reported on this form or other information pursuant to O.C.G.A. Section 16-10-20.

I understand that if I (or any of my covered dependents) start using tobacco products after the date of this certification I must recertify the tobacco use status immediately or I will be subject to the penalties above.

Signature _____ Date _____

Certification must be submitted to the USG Shared Services Center at: USG Shared Services Center, 1005 George J. Lyons Parkway, Sandersville, GA 31082 or to your institution's Human Resources/Benefits office.