

TOBACCO ATTESTATION FORM

Whether or not a tobacco user, **every participant is required to complete and sign the below affidavit** to certify that he or she is tobacco-free, OR a tobacco user who will complete the Wellworks For You Tobacco Cessation Learning Series (considered a Reasonable Alternative Standard). It is the **participant's responsibility** to submit the Tobacco Attestation Form as part of the wellness program to be returned to Wellworks For You, as outlined below by **OCTOBER 31, 2025**.

CONTACT INFORMATION

COMPANY NAME: New Horizons Baking Company

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ MALE FEMALE

PHONE: _____ EMAIL: _____

SELECT ONE: I am the **Employee** **Spouse** *If spouse, please name employee: _____*

Tobacco Status (Please Check One)

- I do **not** use tobacco products including cigarettes, cigars, chewing tobacco, as well as electronic nicotine delivery systems such as e-cigs, vaping, or any other nicotine product and promise not to use these products during this benefit year. I understand that I may be subject to tobacco-use testing.
- I currently **use** tobacco products but will be completing the **Wellworks For You 6-week Tobacco Cessation Learning Series** by **OCTOBER 31, 2025**.
- I currently **use** tobacco products and **will not** be completing a cessation program.
NOTE: *You will not qualify for the incentive if you are currently using any form of tobacco, including cigarettes, cigars, e-cigs, and chewing tobacco, in any amount – even occasional social use – and choose not to participate in the Cessation Program as the Reasonable Alternative Standard.*

How to Complete the Tobacco Cessation Learning Series:

Log into your Wellness Portal account, select the Portal **MENU** option, navigate to the **Learning Center** page and select **Your Guide to Going Tobacco Free**. After completing the Pre-Module Survey, Module 1 will unlock. Beginning with Module 1, watch each video and then complete the quiz associated with each module. Pass each quiz with a score of 70% or above to move on to the subsequent Module. Each Module will unlock after exactly one week of passing a Module's quiz. After you complete Module 6, complete and save the Post-Module Survey. Begin this program (including all quizzes and surveys) no later than **SEPTEMBER 19, 2025** to complete the program in its entirety by **OCTOBER 31, 2025**.

Please Sign Below

I understand this is a legally binding document and I attest that the above information is accurate to the best of my knowledge. This attestation form is not complete unless I have checked a box in the Tobacco Status section that is relevant to me and have signed and dated the form below.

Signature of Participant (Required)

Date

SUBMIT YOUR COMPLETED FORMS BY OCTOBER 31, 2025

All forms should be submitted to the Wellworks Forms Department. Submit your completed forms in one (1) of the following ways.

- **Upload to Portal:** Click the **Upload a Form** tile from the homepage or via the menu page. Select the event title from the dropdown and upload your form to the portal. Users are limited to **one (1)** file per submission.
- **Upload to Mobile App:** Tap the event that you are submitting a form under the **Home** tab. On the following screen, tap the **Select Document** button to take or upload a photo of your form. Once your form data has been captured, tap **Submit My Forms**. Users are limited to **one (1)** file per submission.

PLEASE NOTE: Wellworks For You requires **at least seven (7) to ten (10) business days** for processing and participation to be updated in the Wellness Portal.