LEARNING CARE GROUP'S FAMILY OF BRANDS

No Tobacco Use Affidavit

By signing this No Tobacco Use Affidavit, I certify that:

- I and all family members listed as dependents on my Learning Care Group medical plan, are now non-tobacco user(s) and have not used tobacco products of any kind or form as of **/ / (3 months prior to date of affidavit)** ***OR*** that as an alternative a tobacco cessation program has been completed within 3 months of the effective date of my medical plan coverage.

- I understand that it is my obligation and responsibility to notify Learning Care Group Benefits Department if I and/or those listed as dependents covered under the medical plan begin to use tobacco at any future date.

- I understand that my employer may require recertification of my non-tobacco user status (and/or non-tobacco user status of my dependents covered under the medical plan if applicable) in the future, including completion of tobacco cessation program, but not more than once a year.

I affirm that the information in this Affidavit is true and complete to the best of my knowledge; I acknowledge and agree to the terms stated herein; and I understand that any misrepresentation may result in loss of benefits and/or termination of employment. I understand that I and my dependents are subject to the same enrollment requirements and Plan provisions as all other employees/dependents who are covered by the Plan.

_____

Employee's First Name (Print) Last Name Employee ID Number

_____

Employee's Signature Date

Please upload the completed/signed form to LCG360.

If you have any questions or if you/your dependents require an alternative to quitting tobacco use and would like information on these options, please contact the Benefits Dept at 877-767-5241.
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