



# Knox County Human Resources

Employee # \_\_\_\_\_

## Non-Tobacco Use Incentive Affidavit Form 2008

Return to Knox County Human Resources ♦ Suite 360 ♦ City County Building  
♦ website: [www.knoxcounty.org/hr](http://www.knoxcounty.org/hr) ♦ email: [benefits@knoxcounty.org](mailto:benefits@knoxcounty.org)

### PART I

Thank you for being committed to achieving a healthier lifestyle. For this effort, we offer you a contribution to your Health Reimbursement Arrangement account or your Health Savings Account.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Employee SS #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Elected /Appointed Official you work for: \_\_\_\_\_

Did you participate in the discount options last year? Yes / No

### PART II

#### NON-TOBACCO USE INCENTIVE

\$240.00 to be deposited by Knox County Government into a Health Reimbursement Agreement account or Health Savings Account on behalf of this employee. You are eligible for this incentive if you have been tobacco free for at least six months. Applies only to employees carrying health insurance through employment at Knox County Government. Simply sign and date this form in the area below.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*My signature indicates that the information on this form is true and correct. Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of false, incomplete or misleading information may be guilty of a felony of the third degree. I understand that Knox County Government may, at its discretion, conduct future testing to confirm compliance with non-tobacco use. I also understand that Knox County Government may recover its contribution from me if testing confirms my use of tobacco.*