

FOR WW OFFICE USE ONLY: 001JC_12506

FORM TYPE:

NICOTINE ATTESTATION FORM

Whether or not a nicotine user, every participant is required to complete and sign the below affidavit to certify that he or she is nicotine-free, OR a nicotine user who will complete the Wellworks For You Tobacco Cessation e-Learning Series (considered a Reasonable Alternative Standard) to quality for the incentive. It is the participant's responsibility to submit the Nicotine Attestation Form as part of the wellness program to be returned to Wellworks For You, as outlined below, by SEPTEMBER 30, 2024.

The form you are <u>filling out will be scanned by a machine</u>. To ensure that your data is uploaded accurately,

- 1. Use a high-quality printer to print the form.
- 2. Use black ink and fine-point pen.
- Please make sure that the text on the form is clear, aligned, and legible, preferably in block letters.
- 4. Do not use fax or xerox copy. Do not fold or crease the form. Check the form carefully before submitting.

CONTACT INFORMATION	
COMPANY NAM	IE: Harris Products Group
FIRST NAME:	LAST NAME:
DATE OF BIRTH	:
PHONE:	EMAIL:
☐ I do <u>not</u> use as e-cigs, v	STATUS (PLEASE CHECK ONE) e nicotine products including cigarettes, cigars, chewing nicotine, as well as electronic nicotine delivery systems such raping, or any other nicotine product and promise not to use these products during this benefit year. I understand that oject to nicotine-use testing.
	use nicotine products, but will be completing the Wellworks For You 6-week Tobacco Cessation Learning Series by ER 30, 2024.
NOTE: You and chewir	use nicotine products and will not be completing a cessation program. will not qualify for the incentive if you are currently using any form of nicotine, including cigarettes, cigars, e-cigs, and nicotine, in any amount – even occasional social use – and choose not to participate in the Cessation Program sonable Alternative Standard.
You must login to Going Tobacco Fro and then complet Module. Each Mod	ete the Nicotine Cessation Learning Series: your Wellness Portal account, select the Portal MENU option and navigate to the Learning Center page and select Your Guide to see Cessation. After completing the Pre-Module Survey, Module 1 will unlock. Beginning with Module 1, you must watch each video se the quiz associated with each module. You must pass each quiz with a score of 70% or above to move on to the subsequent dule will unlock after exactly one week of passing a Module's quiz. After you complete Module 6, you must complete and save the sey. You must begin this program (including all quizzes and surveys) no later than AUGUST 5, 2024 to complete the program in its MBER 30, 2024.
I understand this	GN BELOW is a legally binding document and I attest that the above information is accurate to the best of my knowledge. This attestation form is ess I have checked a box in the Nicotine Status section that is relevant to me and have signed and dated the form below.
Signature of P	Participant (Required) Date

SUBMIT YOUR COMPLETED FORMS BY SEPTEMBER 30, 2024

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.

