

## **NICOTINE ATTESTATION FORM**

Whether or not a nicotine user, every participant is required to complete and sign the affidavit below 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, 2025.

To provide participants with faster updates, an automated process may be used to extract the data on this form. Please ensure this form is filled out accurately, legibly, and text is aligned before submitting. Login to your Wellness Portal for more info: www.wellworksforyoulogin.com

CU	INTACT INFURINAL	IUN			
COMPANY NAME: FIRST NAME: DATE OF BIRTH: PHONE:		Lincoln Electric			
		LAST NAME:  MALE   FEMALE  EMAIL:			
				NICOTINE STATUS (PLEASE CHECK ONE)  ☐ I do not use nicotine products including cigarettes, cigars, chewing nicotine, as well as electronic nicotine delivery s as e-cigs, vaping, or any other nicotine product and promise not to use these products during this benefit year. I und may be subject to nicotine-use testing.	
			□ I currently <u>use</u> nicotine products but will be completing the Wellworks For You 6-week Toba SEPTEMBER 30, 2025.	cotine products but will be completing the <b>Wellworks For You 6-week Tobacco Cessation e-Learning Series</b> by <b>2025</b> .	
	NOTE: You will no and chewing nice	cotine products and <u>will not</u> be completing a cessation program.  It qualify for the incentive if you are currently using any form of nicotine, including cigarettes, cigars, e-cigs, obtine, in any amount – even occasional social use – and choose not to participate in the Cessation Program le Alternative Standard.			
You LS: eac mo	u must login to you Tobacco Cessation Ch video and then ove on to the subsemplete Module 6, y	r Wellness Portal account, select the Portal MENU option and navigate to the e-Learning page and select e-n. After completing the Pre-Module Survey, Module 1 will unlock. Beginning with Module 1, you must watch complete the quiz associated with each module. You must pass each quiz with a score of 70% or above to equent Module. Each Module will unlock after exactly one week of passing a Module's quiz. After you rou must complete and save the Post-Module Survey. You must begin this program (including all quizzes than AUGUST 5, 2025 to complete the program in its entirety by SEPTEMBER 30, 2025			
l ur Thi		legally binding document and I attest that the above information is accurate to the best of my knowledge. is not complete unless I have checked a box in the Nicotine Status section that is relevant to me and have			
Si	gnature of Partici	pant (Required) Date			

## **SUBMIT YOUR COMPLETED FORMS BY SEPTEMBER 30, 2025**

- **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. This will be securely emailed for processing. Users are limited to **one (1)** file per email.
- **Upload to Mobile App:** Take a photo of your form using your Smartphone, and upload it to the Wellworks For You Mobile App via the **Contact Us/Send a Form** tab.

**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.

