



## **GARRETT COUNTY BOARD OF EDUCATION WELLBEING- SPOUSE**

**\*\* All Employees on the Garrett County BOE Healthcare Plan Must Complete Form \*\***  
**Tobacco/Nicotine Status Attestation Form**

I, \_\_\_\_\_ (print full name), certify that (please check one)

- ☐ I attest that I am tobacco/nicotine-free and have not used any tobacco/nicotine product in the last 30 days preceding signing this attestation form. I also commit to being tobacco/nicotine-free for the next 12 months. Tobacco/nicotine-free means I have not used cigarettes, vaping devices, pipes, cigars, chewing tobacco, snuff, or any other type of smoking or smokeless tobacco. I understand that one usage of any tobacco/nicotine product is considered nicotine use.
- ☐ I am currently a tobacco/nicotine user, or I have used tobacco/nicotine products in the last 30 days preceding signing this attestation form, and I commit to enrolling in and completing a tobacco/nicotine cessation program. I affirm that I will enroll in the CareFirst Tobacco Cessation Coaching by contacting CareFirst Case Management at 1-800-207-7680 or the Garrett County Health Department Tobacco Cessation Program at 301-334-7730 and complete one of these programs by March 31, 2024. *Please note: that these cessation programs are multi-session programs that can take several weeks/months to complete. Please enroll as soon as possible to ensure you complete either of these programs by March 31, 2024.*
- ☐ I am a current tobacco/nicotine user and I am not willing to commit to enrolling in a tobacco/nicotine cessation program at this time.

I understand the nature and content of this document, I am of legal age, and I am fully competent to truthfully execute this attestation form.

I certify that if this information changes in the next 12 months, I will notify Rebecca Sleeman, HR Generalist, [rebecca.sleeman@garrettcountyschools.org](mailto:rebecca.sleeman@garrettcountyschools.org). I also understand that providing false information is considered fraud and will result in disciplinary action.

<b>1) Employee Name (print):</b>	<b>2) Date of Birth:</b>
<b>3) Phone Number:</b>	<b>4) Email Address:</b>

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

\_\_\_\_\_  
Date

**It is recommended that each employee retains a copy of the completed form for their records.**