

Tobacco User Verification Form

Inframark
220 Gibraltar Road
Suite 200
Horsham, PA 19044
United States

Employee Name: _____

www.myinframarkbenefits.com

Employee ID #: _____

Check all that apply:

- I am **not** a tobacco user
- My spouse or domestic partner is **not** a tobacco user
- I am a tobacco user
- My spouse or domestic partner is a tobacco user
- I have quit tobacco use and have been tobacco-free for at least 6 months. I am now requesting that my surcharge be discontinued. *
- My spouse or domestic partner has quit tobacco use and has been tobacco-free for at least 6 months. I am now requesting that my surcharge be discontinued. *

Please complete this verification form when tobacco free for 6 months and send to benefits@inframark.com.

*Note that if either you or your spouse/domestic partner are tobacco users, the surcharge will apply. Both of you will need to be tobacco-free for 6 months to request discontinuation of the surcharge.

We will accept your verification on an honor basis. However, Inframark reserves the right to audit your response for truthfulness at any time in the future. If your response is found to be dishonest, Inframark may take action, which may include collection of retroactive surcharges or termination of your benefits in accordance with the Inframark Code of Ethics Policy.

Signature

Date

If it is unreasonably difficult due to a medical condition for you to achieve the standards to avoid the surcharge under this program, or if it is medically inadvisable to attempt to achieve these standards, call the Benefits InfoLine at 866-545-3756.