



Tobacco Cessation Physician Affidavit Form

Emory employees and their spouses/SSDPs who are covered under our medical plans and use tobacco products will incur a tobacco usage surcharge. To waive this surcharge, the covered individuals must certify that they have not used any form of tobacco in the last 60 days (including, but not limited to: cigarettes, cigars, cigarillos, pipes, chewing tobacco, snuff, dip, and loose tobacco smoked via pipe or hookah). However, if it is unreasonably difficult due to a health factor for any employee or employee's spouse/SSDP to meet the requirements under the program, or if it is medically inadvisable for the individual to attempt to meet the requirements of the program, a reasonable alternative may be provided or the tobacco surcharge may be waived.

Physician,

Please review this affidavit carefully and sign and date where indicated. The employee must also sign and date the form and return the completed affidavit to:

Emory University – Benefits Department
1599 Clifton Road, NE
Atlanta, GA 30322

As the employee's or spouse/SSDP's treating physician, I attest that it is **medically inadvisable** for the employee or spouse/SSDP to cease tobacco use.

By signing this affidavit, I certify that the above information is true and correct. I understand that falsification of company records may be grounds for termination of the employee's employment with Emory University.

Patient Name _____

Physician Name _____ Physician Signature _____

Physician Tax ID Number _____ Date _____

Employee Name _____ Employee Signature _____

Employee ID Number _____ Date _____