

**State of Indiana**  
**Non-Tobacco Use Agreement and Request for Premium Reduction**  
**For Plan Year 2024**

In exchange for a \$35.00 bi-weekly reduction in my state employee group health insurance bi-weekly premium:

1. I agree to abstain from using any tobacco products during 2024.
2. I understand that to receive the reduction in premium, I may be subject to cheek swab tests for cotinine (an alkaloid in tobacco and metabolite of nicotine), and I agree to submit to such testing. A positive test result creates a rebuttable presumption of tobacco use and breach of this agreement. Refusal to submit to testing constitutes a breach of this agreement.
3. I understand and agree **if I accept this agreement and later use tobacco or otherwise breach this agreement, my employment will be terminated** for breach of this agreement and inappropriately taking the \$35.00 bi-weekly premium reduction.
4. The only exception to the job loss penalty is if I revoke this agreement by calling the Benefits Hotline or logging into PeopleSoft and completing the self-service process to revoke my agreement prior to using any tobacco product.
5. **Only proof of use of an FDA approved Nicotine Replacement Therapy product will be accepted as evidence to rebut the presumption of tobacco use that constitutes breach of this agreement.** FDA approved medications for smoking cessation can be found at <https://www.fda.gov/consumers/consumer-updates/want-quit-smoking-fda-approved-products-can-help>. Vaping and e-cigarette products are not legitimate, FDA approved nicotine replacement therapy products.
6. If I breach or revoke this agreement, I agree to repay the State of Indiana for each \$35.00 bi-weekly premium reduction I received for 2024. This repayment may be made via payroll deduction if I remain employed with the State of Indiana after the revocation requiring repayment.
7. For enforcement of this agreement, I consent to the release of cotinine test results to management representatives of my employer. Otherwise, disclosure of the cotinine test results are restricted consistent with the Notice of Indiana State Employee Group Insurance Plan - Privacy Practices, <http://www.in.gov/spd/files/HIPAA-Privacy-Notice.pdf>.

Notice: If your physician determines abstaining from the use of tobacco is not medically appropriate, a reasonable alternative standard will be made available for the incentive.

I accept

I decline

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee ID