



2024 Tobacco Use Affidavit

As part of the Lennox commitment to control health care costs and encourage employees and their dependents to live a healthy lifestyle, an additional **\$150/month** health care surcharge (“**Tobacco User Surcharge**”) will be applied to each covered employee or spouse who is a Tobacco User and elects health coverage under the Lennox Inc. Employee Benefit Plan beginning **January 1, 2024**. This form will be used to certify your Tobacco User status for the plan year beginning **January 1, 2024**.

Definitions:

- **Tobacco** is defined as any tobacco product such as cigarettes, cigars, pipes or smokeless tobacco (including but not limited to electronic cigarettes), other than a nicotine replacement product prescribed as part of the Tobacco Cessation Program. If you certify that you and/or your spouse **ARE NOT** a Tobacco User and you and/or your spouse begin to use tobacco during the **2024 Plan Year**, you **MUST** recertify your Tobacco User status.
- **Tobacco User** is defined as a covered employee or spouse who has used Tobacco, regardless of frequency, within the **90-day period prior to completing the Tobacco User Certification**.

Please check the box that describes your Tobacco User status:

Employee certification:

- Yes, I meet the definition of a Tobacco User.
- No, I do not meet the definition of a Tobacco User and agree to remain tobacco free during the **2024 Plan Year**.

Spouse certification:

- Yes, my covered spouse meets the definition of a Tobacco User.
- No, my covered spouse does not meet the definition of a Tobacco User and agrees to remain tobacco free during the **2024 Plan Year**.

If you are unable to meet a standard under this wellness program, you may still be able to avoid the surcharge by an alternative standard, such as completion of a Tobacco Cessation Program. If you and/or your spouse **ARE** a Tobacco User and agree to complete the Tobacco Cessation Program as a reasonable alternative to refraining from tobacco use, the Tobacco User Surcharge will apply until Quantum Health notifies us that you and/or your spouse have completed the Tobacco Cessation Program. Once confirmation is received, the Tobacco User Surcharge will be removed as soon as administratively possible. Any adjustment will be included in your W-2 taxable wages for the year in which it is received.

The **Tobacco Cessation Program** consists of telephonic coaching sessions through Quantum Health. The Tobacco User must complete **a minimum of five telephonic coaching sessions** with a Quantum Health Tobacco Cessation Coach, in order to complete the program. Contact **Quantum Health at (877) 220-2279** to speak with a Care Coordinator regarding the Tobacco Cessation Program. If you require reasonable accommodation to complete the requirements of the Tobacco Cessation Program, please contact a Care Coordinator at (877) 220-2279.

I understand:

- If I (or my covered spouse) currently meet the definition of a Tobacco User and stop using tobacco in the future, I will be eligible to waive the Tobacco User Surcharge by completing and submitting a Tobacco Use Affidavit form. I understand that any changes to the Tobacco User Surcharge will be made as soon as administratively possible.
- A change in Tobacco User status does not allow changes to be made to my current benefit elections. My benefit elections are typically in effect for one full benefit plan year and cannot be changed until the next open enrollment period, unless I have a qualifying life event. If I experience a **qualifying life event, I have 31 days from the date of the qualifying life event to make changes to my benefit plans**, and I will be required to furnish proof of the event and/or be asked to furnish evidence of insurability for my eligible dependents or myself.

The Lennox Code of Conduct demands that “We behave in an honest and straightforward manner.” I certify the information I have provided is accurate and complete. Further, I understand that providing false or fraudulent information is cause for disciplinary action, including termination of employment. I understand that intentional falsification of this form may result in prospective or retroactive loss of benefits coverage under the Plan. In the event of retroactive loss of benefits coverage, payment for all claims incurred during the period of ineligibility will be my sole responsibility.

Employee’s Name Printed

Lennox Employee ID Number

Signature

Date

Return Completed Certification to *BenefitSource*
Fax: 1-866-295-1706

