

HOW TO COMPLETE THE TOBACCO INCENTIVE?

*The Tobacco-Free Incentive Plan offers employees on the KTP health insurance to receive discounted health insurance premiums if they agree to and follow through with each initialed section on this form.

*How to complete this form:

IF YOU ARE:

- Planning on enrolling in the KTP health insurance plan
- You are a non-user of nicotine/tobacco products
- Will provide Human Resources results for your negative nicotine test each plan year

PLEASE INITIAL ALL THREE BLANKS

AFFIDAVIT FOR PARTICIPATION IN THE 2019 TOBACCO-FREE INCENTIVE PLAN

I, _____ (print name) hereby agree to the following requirements in order to participate in the 2019 Tobacco-Free Incentive Plan. I understand that by complying with the requirements below, I will be rewarded with reduced payroll contributions for my medical plan at Meridian Industries, Inc. for the calendar year 2019. By signing this statement and accepting the Tobacco-Free Incentive, I am agreeing to comply with EACH of the following requirements:

Please Initial

_____ I am currently enrolled (or intend to enroll during 2019) in the Meridian Industries, Inc. medical plan.

_____ I am a non-user of nicotine products and commit to being nicotine-free through all of 2019.

_____ I will participate in the 2019 Tobacco-Free Incentive Plan and prove my tobacco-free status via a finger prick (if available at my location) or by participating in the Health Risk Assessment which includes biometrics (cholesterol, blood pressure, glucose level, etc.) and a meeting with a health coach to discuss your results. You are not required to participate in the Health Risk Assessment in order to participate in the Tobacco-Free Incentive. Meridian Industries, Inc. provides this voluntary Health Risk Assessment benefit at no extra cost to you. (New hires: I agree to participate in the next available annual Tobacco-Free Incentive Plan.)

I understand that this agreement is for one year only (January 1, 2019 through December 31, 2019) and will be required to be renewed annually to continue participation in the Tobacco-Free Incentive Plan, should Meridian Industries, Inc. continue to offer the Tobacco-Free Incentive Plan. I understand that Meridian Industries, Inc. reserves the right to discontinue or amend offering the Tobacco-Free Incentive Plan at any time. (This agreement is valid from date of hire to December 31, 2019 for newly hired employees.)

Anyone found to have misrepresented their status or anyone failing to comply with their stated 2019 commitments will be immediately removed from this Tobacco-Free Incentive Plan and disqualified from participation in 2020. This affidavit is a company document, and falsification of a company document is treated as a serious rule violation that will result in discipline up to and possibly including termination from employment.

I understand my participation in the Tobacco-Free Incentive Plan is voluntary, and I will not be denied access to health care coverage, retaliated against, or face an adverse employment action if I choose not to participate.

Signature _____

Date _____

Meridian is committed to helping you achieve your best health. Rewards for participating in a tobacco incentive plan and for being nicotine free are available to all employees. If you are unable to certify that you are tobacco-free, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you (and, if you wish, with your doctor) to find a tobacco incentive with the same reward that is right for you in light of your health status.

*Sign and date the bottom