



# AFFIDAVIT FOR PARTICIPATION IN THE 2020 NICOTINE-FREE INCENTIVE PLAN

All employees are eligible for reduced payroll contributions for your medical insurance plan through Kleen Test Products (Meridian Industries, Inc.) for being nicotine-free and providing proof of that status. In order to qualify for the discount, you are required to take action to satisfy the attestation requirements. **Failure to complete all requirements will result in you paying the nicotine surcharge, regardless of your nicotine-use status. FAILURE TO RETURN THIS FORM WILL ALSO RESULT IN YOU PAYING THE SURCHARGE.** These requirements must be met for each plan year to qualify for the discount.

## Section One: NICOTINE-FREE ATTESTATION

I, \_\_\_\_\_ (print full name), hereby agree to the following requirements in order to participate in the 2020 Nicotine-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 2020 (January 1 to December 31). By signing this statement and accepting the Nicotine-Free Incentive, I am agreeing to comply with **EACH** of the following requirements for the duration of the plan year:

- Yes  No I am currently enrolled (or intend to enroll during 2020) in the Meridian Industries, Inc. medical plan.
- Yes  No I am a non-user of nicotine products and commit to being nicotine-free through all of 2020.
- Yes  No I will participate in the 2020 Nicotine-Free Incentive Plan and prove my tobacco-free and nicotine-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 Nicotine-Free Incentive. Meridian Industries, Inc. provides this voluntary Health Risk Assessment benefit at no cost to you.

*[New hires: I agree to participate in the next available Nicotine-Free Incentive Plan.]*

***If you have not answered yes to all three above questions, you may not have satisfied requirements for the Nicotine-Free Incentive Plan. Please contact HR to discuss your options.***

## Section Two: Acknowledgements

*I understand that this agreement is for one year only (January 1, 2020 through December 31, 2020) 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 Nicotine-Free Incentive Plan at any time. (This agreement is valid from date of hire to December 31, 2020 for newly hired employees.)*

*Anyone found to have misrepresented their status or anyone failing to comply with their stated 2020 commitments will be immediately removed from this Nicotine-Free Incentive Plan and disqualified from participation in 2021. 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 Nicotine-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.*

**Employee 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 nicotine-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.*