

# NICOTINE USE AFFIDAVIT

**By signing this form, I certify the following: I have truthfully checked the Yes or No box below that accurately reflects my use of nicotine products in the prior 90 days.**

- I am a BHC/LCI employee enrolled in the health plan under my own Employee ID.
- I am a BHC/LCI employee and enrolled in the health plan under my spouse's Employee ID who is also an BHC/LCI employee.
- I am the spouse of an BHC/LCI employee and enrolled in the health plan under my spouse's Employee ID.

\_\_\_\_\_  
Your Employed Spouse's Printed Name  
(if applicable)

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

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Printed Legal Name

\_\_\_\_\_  
Your Date of Birth

## Check the applicable box below:

I **HAVE** used nicotine products during the prior 3 months.  **Yes**  **No**

**NOTE:** Nicotine products include cigarettes, cigars, chewing or pipe tobacco, vaping, hookah or any other tobacco products regardless of the frequency or method of use including any/all nicotine replacement therapy tools (i.e., e-cigarettes, nicotine patches, nicotine gum, nicotine lozenges, etc.)

My Healthy Blueprint will conduct random nicotine testing. If selected to test, you will be contacted by My Healthy Blueprint to schedule a test date.

If at any point you have a change in nicotine status, whether you begin using a nicotine product or become nicotine free, contact My Healthy Blueprint at **850.469.6903** or **[blueprint@bhcpns.org](mailto:blueprint@bhcpns.org)**.

Completed form can be emailed to **[blueprint@bhcpns.org](mailto:blueprint@bhcpns.org)** or faxed to **850.908.9030**.

850.469.6903  
[Blueprint@bhcpns.org](mailto:blueprint@bhcpns.org)

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**BLUEPRINT**  
BY BAPTIST HEALTH CARE

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HEALTH CARE