



# TOBACCO CESSATION AFFIDAVIT

If you or your spouse use tobacco and you want to qualify for the Non-Tobacco healthy credit, please complete Sections A and B. Attach a copy of the certificate of course completion after you complete the online course. Fax, mail, or upload per instructions on the previous page. A separate Tobacco Cessation Affidavit must be completed for each individual applying for the Non-Tobacco healthy credit.

## SECTION A: INFORMATION ABOUT YOU

**PLEASE PRINT**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Your Address: (Street, City, State, Zip):** \_\_\_\_\_

**Last Four of Your Social Security Number:**     (Form cannot be processed without this information.)

**Your Email Address:**

(Required in order to reach you in the event that this form is incomplete or incorrectly filled out.)

**THIS AFFIDAVIT IS FOR:** ☐ **AutoNation Employee** ☐ **Spouse Of An AutoNation Employee**

## SECTION B: INFORMATION ABOUT THE TOBACCO CESSATION COURSE

To take the tobacco cessation course, go to [www.KnowYourBenefits.org](http://www.KnowYourBenefits.org), click on "MSRP", then click "Learn More" in the "Earn the Non-Tobacco Credit" section. **This program is free to you.**

**You will need to submit this form via fax along with the certificate of completion by the deadline in order to qualify for the Non-Tobacco healthy credit that will lower your medical and life insurance premiums. To view your specific deadline, visit [www.KnowYourBenefits.org](http://www.KnowYourBenefits.org), click "Benefits Enrollment and Changes," then "Enroll Now", and log into The Benefit Connection website.**

Any person who knowingly files a false statement in order to obtain health credits or submits any information in conjunction with this affidavit containing fraudulent, false, misleading, incomplete or deceptive information, (which may be considered an intentional misrepresentation of material fact) may result in being ineligible for such benefit credit (in addition to repayment of the credits received in the Plan Year); and may be considered to have committed a fraudulent or criminal act. These actions may be subject to prosecution under state and/or federal law. "I certify that the facts, as indicated above, are true and correct to the best of my knowledge."

**YOUR SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year





## TOBACCO CESSATION COURSE AFFIDAVIT FORM INSTRUCTIONS

If you or your spouse use tobacco and you want to qualify for the Non-Tobacco healthy credit, follow the instructions below. Please see page 2 for the Tobacco Cessation Affidavit Form.

### INSTRUCTIONS

1. Go to [www.KnowYourBenefits.org](http://www.KnowYourBenefits.org), click on MSRP, then click "Earn the Non-Tobacco Credit," then "Learn More." Follow the instructions to complete the online course.
2. Once you have completed the course, print the course completion certificate.
3. Print and complete the Tobacco Cessation Affidavit
  - a. To retrieve the form: Access the program portal at [www.KnowYourBenefits.org](http://www.KnowYourBenefits.org).
  - b. Click the "MSRP" tile.
  - c. Click "Learn More" in the "Earn the Non-Tobacco Credit" section.
  - d. Click the Tobacco Cessation Affidavit.
  - e. Submit the completed Tobacco Cessation Affidavit and course completion certificate by the deadline.

**To view your specific deadline, visit [KnowYourBenefits.org](http://KnowYourBenefits.org), click Benefits Enrollment and Changes, then Enroll Now, and log in to The Benefit Connection website.**

### RETURNING YOUR FORM

<b>Upload Instructions</b>	<ol style="list-style-type: none"><li>1. Go to the Benefits Connection website at <a href="http://KnowYourBenefits.org">KnowYourBenefits.org</a></li><li>2. Click on the "Upload MSRP or Working Spouse Surcharge forms" tile</li><li>3. Select "Tobacco Cessation Course Affidavit Form"</li><li>4. Click "Browse" to find your document on your computer</li><li>5. Click "Upload"</li></ol>
<b>Mailing Address</b>	The AutoNation Benefit Connection PO BOX 661058 Dallas, TX 75266-1058
<b>Fax Number</b>	Fax number: 847-883-8251

**PLEASE SEE PAGE 2 FOR THE TOBACCO CESSATION AFFIDAVIT FORM.**