

TOBACCO ATTESTATION FORM

Whether or not a tobacco user, **each Employee AND applicable Spouse are required to complete and sign the below affidavit** to certify that he or she is tobacco-free, OR a tobacco user who will complete the Wellworks For You Tobacco Cessation e-Learning Series (considered a Reasonable Alternative Standard) to qualify for the **Wellness Rate**. It is the **participant's responsibility** to submit the Tobacco Attestation Form as part of the wellness program to be returned to Wellworks For You, as outlined below, by **AUGUST 31, 2026**. To provide participants with faster updates, an automated process may be used to extract the data on this form. **Please ensure this form is filled out accurately, legibly, and text is aligned before submitting.**

CONTACT INFORMATION

COMPANY NAME: Oak Harbor Freight Lines

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ ☐ MALE ☐ FEMALE EMPLOYEE ID: _____

PHONE: _____ EMAIL: _____

SELECT ONE: I am the ☐ **Employee** ☐ **Spouse** *If spouse, please list employee name: _____*

TOBACCO STATUS (PLEASE CHECK ONE)

- ☐ I do **not** use tobacco products including cigarettes, cigars, chewing tobacco, as well as electronic nicotine delivery systems such as e-cigs, vaping, or any other nicotine product and promise not to use these products during this benefit year.
- ☐ I currently **use** tobacco products but will be completing the **Wellworks For You 6-week Tobacco Cessation e-Learning Series** by **AUGUST 31, 2026**.
- ☐ I currently **use** tobacco products and **will not** be completing a cessation program.

NOTE: You will not qualify for the Wellness Rate if you are currently using any form of tobacco, including cigarettes, cigars, e-cigs, and chewing tobacco, in any amount – even occasional social use – and choose not to participate in the Cessation Program as the Reasonable Alternative Standard.

How to Complete the Tobacco Cessation 6-week e-Learning Series:

Please note: You will not be paid by Oak Harbor Freight Lines to take this class. You must login to your Wellness Portal account, select the Portal **MENU** option and navigate to the **e-Learning** page and select **e-LS: Tobacco Cessation**. After completing the Pre-Module Survey, Module 1 will unlock. Beginning with Module 1, you must watch each video and then complete the quiz associated with each module. You must pass each quiz with a score of 70% or above to move on to the subsequent Module. Each Module will unlock after exactly one week of passing a Module's quiz. After you complete Module 6, you must complete and save the Post-Module Survey. You must begin this program (including all quizzes and surveys) no later than **JULY 13, 2026** to complete the program in its entirety by **AUGUST 31, 2026**.

PLEASE SIGN BELOW

I understand this is a legally binding document and I attest that the above information is accurate to the best of my knowledge. This attestation form is not complete unless I have checked a box in the Tobacco Status section that is relevant to me and have signed and dated the form below.

Signature of Participant (Required)

Date

SUBMIT YOUR COMPLETED FORMS BY AUGUST 31, 2026

- Upload to Portal:** Click the **Upload a Form** tile from the homepage, select the event title from the drop down and upload your form to the portal. This will be securely emailed for processing. Users are limited to **one (1)** file per email.
- Upload to Mobile App:** Use your smartphone to take a photo of your completed form. Open the Wellworks For You Mobile App, navigate to **Menu > Upload a Form**, tap **Click to Upload**, select the appropriate Wellness Event from the drop down, and click **Upload to submit**.

PLEASE NOTE: Wellworks For You requires at least **seven (7)** to **ten (10)** business days for processing and participation to be updated in the Wellness Portal.