



The Waterfront Beach Resort
A Hilton Hotel

TOBACCO AFFIDAVIT FOR THE WATERFRONT BEACH RESORT

Please complete (Print)

Last Name	First Name	Middle Initial
Home Address (Street Address/City/State/Zip)		
Employee ID	Work Phone Number	

As part of The Waterfront Beach Resort's initiative and to encourage the wellness of our employees, we will be giving a tobacco-free credit of \$15 per paycheck towards your medical contributions. In order to receive the credit, you must be tobacco-free or a tobacco user that participates and completes a company-approved tobacco cessation program.

Smoking Cessation Program Resources

<https://www.aetna.com/health-guide/secrets-of-nonsmokers.html>

Free Government Programs and Resources

800-QUIT-NOW

www.smokefree.gov

A tobacco user is defined as a person who has smoked or used any tobacco products, such as cigarettes (including but not limited to electronic or e-cigarettes), cigars, pipes, or smokeless tobacco products since April 1, 2025.

The premium is applicable to the benefit plan year beginning September 1, 2026 – August 31, 2027.

PLEASE PLACE AN "X" IN THE BOX THAT DESCRIBES YOUR TOBACCO USAGE.

Yes, Tobacco Use	
☐	By electing this option, you are affirming that you are a Tobacco User.
Yes, Tobacco Use – But I would like to participate in a tobacco cessation program	
☐	By electing this option, you are affirming that you are a Tobacco User committing to a cessation program.
No, Tobacco Use	
☐	By electing this option, you are affirming that you do not use tobacco products.

I certify that the information provided is true and accurate, and I acknowledge that providing false information is grounds for disciplinary action.

Employee Signature:	Date:
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Submit to: Human Resources