



PEOPLE'S UNITED BANK MEDICAL PLAN TOBACCO CESSATION AFFIDAVIT

Employee Name:	Employee ID:
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Use this form to qualify for the premium discount by certifying that you and/or your spouse have met the reasonable alternative to being tobacco-free by completing a minimum of three (3) coaching calls/sessions between the annual Open Enrollment and March 31, 2019 with an approved People's United Bank tobacco-cessation program.

Note:

- Affidavit can be submitted once requirements have been met, prior to May 1, 2019.
- The premium discount will be applied retroactively to January 1, 2019 and will remain in effect for the remainder of the 2019 calendar year.
- A refund of Tobacco User and/or Spouse Tobacco User deductions previously taken for the 2019 plan year will be issued.

Employee Certification

I have completed a minimum of three (3) coaching calls/sessions with the following program:

- ☐ Quit For Life Tobacco Cessation
- ☐ Cigna's Quit Today Smoking Cessation Coaching Program

Spouse Certification

My spouse has completed a minimum of three (3) coaching calls/sessions with the following program:

- ☐ Quit For Life Tobacco Cessation
- ☐ Cigna's Quit Today Smoking Cessation Coaching Program

People's United Bank has the right to request documentation from the program vendors for the sole purpose of verifying enrollment or activity.

Acknowledgement

I certify that the above information is true and correct to the best of my knowledge. I understand that if I falsify this Certification it could result in disciplinary action as outlined in the People's United Bank Medical Plan Notice of Tobacco-Free Premium Discount on *The Insider*.

_____ Employee Signature	_____ Date
_____ Spouse Signature	_____ Date

Submit the completed form by mail to People's United Bank, HR Services-BC03, 850 Main Street, Bridgeport, CT 06604, email to HR.Services@peoples.com, or fax to 844-889-8699.