



**Escambia County Board of County Commissioners
Wellness Incentive Program
Acknowledgement and Consent Form**

I hereby acknowledge that I am tobacco-free and request to receive the health care incentive discount offered by the Board of County Commissioners (BCC) as part of its employee wellness program. **OR**, as an alternative to qualify for the incentive discount, I am attempting a tobacco-cessation program and understand that I have up to 6 months to participate in such a program and cease tobacco use.

I hereby consent to submit to random urinalysis at the County's expense and/or other tests as determined by the BCC for determining whether tobacco content is within my body. Refusal to take the test will be considered a positive test.

I agree that a nationally certified laboratory may collect these specimens and forward them to a testing laboratory designated for analysis. I further agree to have the test results viewed by a Medical Review Officer and authorize the release of the results of this test to the BCC. I further authorize the BCC to discuss the results with the collecting facility, the testing facility, the Medical Review Officer and his personnel.

I understand that the positive results of any test will be the loss of any health care discount offered to employees relating to tobacco use during the plan year (January – December) in which this consent form was signed. All premium discounts received within the plan year prior to the positive test is confirmed will be repaid.
Please Note: Vaping may result in a positive tobacco result.

Employees will have the opportunity to enroll each plan year that the discount is offered during open enrollment. Annual election will be required during each plan year to be eligible for health care incentive discount.

_____ Initial **ONLY** if you are attempting to quit using tobacco
Initials

Signature

Witness

Printed Name of Employee

Printed Name of Witness

Date