

Hardin County Schools Insurance Consortium
Non Tobacco User Affidavit for Healthy School Point System

Complete and return if you meet the criteria for a non-tobacco user as defined below:

I certify that I am eligible for the Non-Tobacco-User points by checking this box and returning this form. By checking this box, I certify truth and understanding of the following:

- ❖ I certify that I am not currently using, and have not used, any tobacco products in any form (cigarettes, cigars, pipes, oral tobacco products, etc.) within the last 90 days.
- ❖ I certify that this information is true and correct to the best of my knowledge.
- ❖ I understand that if it is determined that I have used tobacco products within the last 90 days, I understand that I will not be eligible for the points as listed on the Health School Point System.

PRINTED NAME _____

SIGNATURE _____

DATE _____