



TOBACO USER ATTESTATION

If you are enrolled in any of our medical plans, you are required to complete every year during Open Enrollment a tobacco user attestation form. Similarly, if your spouse/domestic partner is enrolled as a dependent in your medical plan, you are required to complete the form on his/her behalf.

The tobacco attestation form asks whether you are a tobacco product user.

Americold defines a tobacco user as smoking cigarettes, clove cigarettes, cigars or pipes, vaping with e-cigarettes or using smokeless tobacco such as chew tobacco or snuff on a regular basis.

“Regular tobacco users” are individuals who have used tobacco products more than one time per month, over the last 12 months. “Non-tobacco users” are individuals whose tobacco use has been less than one time per month for at least 12 months.

If you and/or your covered spouse/domestic partner have self-identified as a tobacco user, you will be subject to a charge of \$75 per month (\$150 if your covered spouse/domestic partner also attest to be a tobacco product user).

You can stop and get reimbursed the tobacco surcharge by completing the tobacco cessation program administered through the LiveHealth Online Tobacco Cessation program.

To enroll in the tobacco cessation program, contact LiveHealth Online (through Anthem) at 1-888-548-3432. **COMPLETION OF THE PROGRAM:** Should you and/or your covered spouse/domestic partner wish to be reimbursed upon completion of the program, you and/or your covered spouse/domestic partner must complete all five (5) sessions of the tobacco cessation program by November 30, 2024 and complete the first session within 60 days of your medical coverage effective date

By completing the attestation, you certify that the information provided is true. You also understand that providing false information may be considered insurance fraud. Insurance fraud is generally defined as the “intentional misrepresentation of materials facts and circumstances to obtain payment that not would otherwise be made”. Disciplinary action may be taken, up to and including termination, should this occur.

Employees who do not complete the tobacco attestation form will be charged the monthly surcharge.



WORKING SPOUSE ATTESTATION

All associates enrolled in any of our medical plans and who cover a spouse/domestic partner are required to complete the Working Spouse Attestation Form every year.

The working spouse form asks whether your spouse/domestic partner is eligible for other coverage.

If your spouse/domestic partner is employed and offered group medical coverage by their employer, they should enroll in their employer's health plan. However, if they prefer to enroll in Americold's medical insurance plan, they can do so, but you will pay a surcharge of \$125 per month, in addition to your contributions.

The spousal surcharge would not apply if your spouse/domestic partner is:

- Currently employed by Americold
- Enrolled in coverage through the Marketplace or a private plan
- Not employed
- Eligible for Medicare (but not another employer-sponsored medical plan)
- Not offered/eligible for medical coverage through their employer

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Employees who do not complete the working spouse attestation form will be charged the monthly surcharge