



First and Last Name: _____

Pima Employee ID #: _____

Please complete **one** of the following sections to request credit for completing a Healthy Living Action Step as part of the Pima Healthy Rewards Program and return to the Employee Service Center as indicated on page two prior to May 31, 2016. Please note that completion of the Health Screening and Assessment is required to receive this \$60 credit.

Tobacco-Free Affidavit

Tobacco Use Information: Tobacco includes cigarettes, cigars, chewing or pipe tobacco, snuff, dip, nicotine e-cigarettes or any other nicotine or tobacco products regardless of the frequency or method of use. Tobacco does NOT include Federal Drug Administration (FDA) approved nicotine replacement therapy (NRT) such as gum, patches, lozenges, nasal spray and inhaler.

Tobacco-Free Status: Tobacco-free status indicates not having used any tobacco products over the past six-months and a commitment to remain tobacco-free for the entire medical plan year. False information provided on this affidavit may result in penalties including retroactive collection of credits paid and cancellation of health coverage.

Certification: I do not currently use tobacco, have not used any tobacco products in the past six months and commit to remaining tobacco-free over the next medical plan year.

Signature: _____ Date: _____

Tobacco Cessation Program Enrollment

Please indicate the name, type or provider of the tobacco cessation program in which you have enrolled or recently completed:

Please provide the tobacco cessation program enrollment date(s):

Certification: I certify that I am currently enrolled in or have recently completed the tobacco cessation program indicated above and commit to completing the program steps.

Signature: _____ Date: _____



FAW Course Completion

Please indicate the FAW Course Number/Name you completed (i.e. FAW132/Kickboxing):

Which semester did you complete this FAW course with a passing grade?

☐ Summer 2015 ☐ Fall 2015 ☐ Spring 2016

Certification: I certify the above information is truthful and accurate regarding completion of this FAW Course.

Signature: _____ Date: _____

PCC Employee Wellness Program Challenge Completion

Please indicate the Pima Employee Wellness Challenge Program you completed:

☐ Eat Right for Life Challenge ☐ Fall Fitness Challenge-2015 ☐ Take 10 Move More Challenge
☐ Stop Stress This Minute Challenge ☐ Summer Fitness Challenge-2015 ☐ Veg Out! Challenge
☐ Walktober

Signature: _____ Date: _____

Note: If you wish to receive credit for participating in and completing the Veg Out! Challenge or Take 10 Move More Express Challenge in May 2016, please use the links on the web page to register for a program prior to April 28, 2016.

Return this completed form to *email: ESC@pima.edu, fax (520) 206-4969 or mail:*

Pima Community College
Employee Service Center
4905C East Broadway
Tucson, AZ 85709
Attn: COBRA Employee Wellness

Forms must be received by May 31, 2016.