

Tobacco & Nicotine Reporting Sheet

Wellness Program 2026-2027



Electronic
Forms



Wittwer Hosp.

BlvdHome

Purpose:

The health and wellness of BlvdHome and Wittwer Hospitality team members is very important to the company. Tobacco use is the #1 cause of preventable death and has adverse effects to many different aspects of ones' health. Nicotine used in e-cigs and vapes has also been proven to be dangerous. When health issues arise due to using these products, the company health plan costs increase greatly, and the lives of those affected become difficult. In an effort to help team members that are interested to change their habits, we have developed the following program.

Definition of Tobacco & Nicotine Use:

If you have used tobacco and/or nicotine products **in the last 3 months**(previous quarter), you are considered a user. **These include** cigarettes, cigars, pipe tobacco, chewing tobacco, dip, snuff, electronic nicotine delivery systems, vaporizers, electronic-cigarettes, etc.

Eligibility Requirements:

Those team members and spouses enrolled on the medical plan will need to specify during the enrollment process if they use Tobacco and/or Nicotine. The benefits website only states Tobacco, but Nicotine use is to be included. This information is given "on your honor", however, **if you are not forthcoming in your use**, privileges for the discount may be taken away.

To receive the \$50 or \$100 Wellness Discount those who use Tobacco and/or Nicotine will need to enroll in a prevention program of their choosing during the 1st quarter April – June(new hires 1st qtr on program) in addition to the other wellness requirements. There are **several different FREE programs** you can enroll in for this credit. **For example:** Utah.quitnet.com, 1-800-quit-now, smokefree.gov, Healthiest You working with your doctor or any other program you would like to participate in.

During the 1st quarter(April – June) and during a New Hire's first quarter enrolled in the medical plan, those who use Tobacco and/or Nicotine (Team Members and/or spouses enrolled on the medical plan) will need to fill out and return the bottom portion of this sheet to HR by the end of that quarter. If you do not turn this sheet in by the end of the quarter, you will not be eligible to receive the wellness discount until July 1, 2027.

Name: _____ Quarter: _____

What program are you enrolled in? _____

How has this program helped you? _____

Only 1 form required per wellness year(April – March)