2017 Citi Tobacco Free Certification Form

This form is for employees and their spouses/domestic partners* who quit using tobacco products through a program *other* than the Citi Live Well Tobacco Cessation Program, and who want to stop paying the tobacco penalty. If you quit using tobacco products though the **Live Well Tobacco Cessation Program,** you do not have to use this form. You will stop paying the tobacco penalty after you complete the program.

Instructions: Use this form only if you or your spouse/domestic partner meets the following three conditions:

1) You quit using tobacco products for a period of four months or more.
2) You are enrolled in a Citi medical plan for 2017 (if completing this form for a spouse/domestic partner he or she must be enrolled in a Citi medical plan for 2017).
3) You have quit using tobacco products through a method *other* than through Citi's Live Well Tobacco Cessation Program through RedBrick Health.

Print employee name

GEID #

Print spouse/domestic partner name (if applicable)

I (and/or my spouse/domestic partner) have successfully stopped using tobacco products and am now tobacco free. ("Tobacco free" for the purposes of this form means you have not used tobacco products for four months).

Employee signature Date

I certify that I have responded to the above statement honestly. I understand that misrepresentation of my and/or my covered spouse/domestic partner's tobacco use is a serious violation of the Citigroup Code of Conduct, Employee Handbook and related organizational policies.

How to submit the form

Please fax this completed form to Citi Benefits Center at 1-847-883-8282

Please do not include a fax cover page. This form contains a bar code. The bar coded page must be the first page of your fax.

Please allow 15 days for this form to be processed. The tobacco penalty will be removed as soon as administratively possible.

* "Spouse/domestic partner" includes spouse (same or opposite sex), domestic partner, and civil union partner.