

2017 TOBACCO USE VERIFICATION FORM

MUST BE COMPLETED & RETURNED WHETHER YOU USE TOBACCO OR NOT!!!

Form is Due by: August 11, 2017

For Employee to Complete:

- 1) Have you used a tobacco product of any kind (cigarettes, chewing tobacco, cigars, pipe tobacco, etc.) in the last 60 days?
() Yes () No
- 2) If yes, have you completed a tobacco cessation program between July 2, 2016 and July 1, 2017? () Yes () No

(Name of company/organization administering the program)

(address of company/organization)

(phone number of company/organization)

(date completed)

- 3) Did you receive a certificate or proof of completion? () Yes () No ****If yes, please provide a copy****

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that if Smith Transport, Inc./Franklin Logistics, Inc. were to find that I knowingly provided fraudulent information on this statement, I will be subject to disciplinary action, up to and including a change in my insurance premium retroactive to October 1st or the date of my signature on this form, whichever is earlier.

(employee name) – please print

(employee signature)

(date)

For Spouse to Complete (if applicable):

- 1) Have you used a tobacco product of any kind (cigarettes, chewing tobacco, cigars, pipe tobacco, etc.) in the last 60 days?
() Yes () No
- 2) If yes, have you completed a tobacco cessation program between July 2, 2016 and July 1, 2017? () Yes () No

(Name of company/organization administering the program)

(address of company/organization)

(phone number of company/organization)

(date completed)

- 3) Did you receive a certificate or proof of completion? () Yes () No ****If yes, please provide a copy****

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that if Smith Transport, Inc./Franklin Logistics, Inc. were to find that I knowingly provided fraudulent information on this statement, I will be subject to disciplinary action, up to and including a change in my insurance premium retroactive to October 1st or the date of my signature on this form, whichever is earlier.

(spouse's name) – please print

(spouses's signature)

(date)