



## Employee Wellness Program information sheet

### Stop Smoking Voucher Program

#### RULES:

1. Each employee is allowed two stop smoking attempts per year. The year will run from the date of the first stop smoking attempt.
2. Employees will receive the first 4 weeks & the last 4 weeks of an 12-week treatment cycle (nicotine replacement therapy and/or pharmaceutical therapy) free.
3. Employees may combine multiple nicotine replacement therapy (NRT) options and/or pharmaceuticals within each stop smoking attempt.
4. Employees must access their NRT and/or pharmaceutical ONLY at AMC's Pharmacy.
5. Employees are responsible for obtaining any needed prescriptions through their primary care provider. Employees assume any associated costs of obtaining such prescriptions (for example, the cost of an office visit should this not be covered by the employee's insurance company).
6. Employees must follow the PROCESS below in order to obtain the free NRT and/or pharmaceutical therapy.
7. Should an employee discontinue the treatment cycle before the 12 weeks are completed, it will count as one full cycle for the year.

#### PROCESS:

1. Meet with Linda Savarie, RN to discuss a quit plan & date. **Please contact her to make an appointment: Phone: 897-2274 or Pager: 923-2274.**
2. Have Linda sign an *AMC Employee Stop Smoking Voucher* (she will have the voucher). **You must keep this with you and have it available to present at the pharmacy every time you go to receive your NRT and/or pharmaceutical.** Linda's signature and date must be seen by Pharmacy staff in order for you to receive the first 2 weeks of your treatment cycle free.
3. If you would like to include pharmaceutical therapy as a part of your quit plan, you must contact your physician & have a prescription written before presenting to the pharmacy for your NRT(s) and/or pharmaceutical therapy.
4. Have your *AMC Employee Stop Smoking Voucher* signed and dated by Pharmacy staff every time you receive NRT(s) or pharmaceutical therapy. Your first 4 weeks will be free; you must pay for weeks 5-8.
5. By week 8, you must meet again with Linda to check in on your progress. Have her sign and date your *AMC Employee Stop Smoking Voucher*. This must be signed by Linda in order to receive your last 4 weeks of treatment for free.

I, the undersigned, understand and agree to the rules and process for participating in the **Employee Stop Smoking Voucher Program**, and would like to participate in the program.

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Department      Date