

Kimble Wellness Program Nicotine Use Policy

Plan Months: 1/1/2024-12/31/2024



Nicotine Affidavit

Employees (and their spouse if applicable) (collectively "Participant") who complete this Affidavit and: (1) do not use nicotine on a monthly basis; or (2) successfully complete an approved nicotine cessation program during 2024, will receive a discount on their monthly health plan premium contribution in 2024. This plan is a part of the Company wellness program and is administered on a monthly basis.

"Nicotine Use" is the use of any tobacco product, including cigarettes, cigars, e-cigarettes, smoking vapor cigarettes, using smokeless tobacco, chewing tobacco, snuff, and/or pipe tobacco, four or more times a week anytime within the past 3 months. (Religious or ceremonial use of tobacco is not considered nicotine use to the extent protected by local, state or federal law).

To be eligible for the applicable premium contribution discount offered by Kimble, Participants must either:

- 1) Not be a "Nicotine User" each month; or
- 2) Agree to participate and successfully complete an approved nicotine cessation program in 2024.

One company approved nicotine cessation program is the MMO Quit Line Program - (866) 845-7702. It can be completed at no cost to the Participant. The approved program you select may be started at any time during any month in 2023. Depending on when you begin and complete an approved nicotine cessation program, the difference between your previously paid monthly contribution and the applicable discounted contribution will be credited retroactively to the beginning of the month and your future contributions for health plan coverage for the rest of 2024 will be at the applicable discounted rate. Successful completion of the program does not require that you quit the use of nicotine, but does require you meet all requirements of the nicotine cessation program you selected.

The health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees (and spouses if a family plan is selected and the spouse is covered). If a Participant thinks he/she might be unable to meet a standard for the discount under this wellness program, the Participant might qualify for an opportunity to earn the same reward by different means. Contact Stacey McAfee in Human Resources Manager at 330-343-1226 Ext 2261 who will work with the Participant (and, if desired, the applicable doctor) to find a wellness program with the same reward that is right for the Participant in light of his/her health status. Failure to complete this Affidavit in full will result in the individual(s) being deemed a nicotine user for purposes of this program. Participant authorizes this Affidavit and all information related thereto to be provided to Kimble Company and Kimble Recycling & Disposal, Inc. and their health insurance company (currently Medical Mutual), their benefits advisors and agents (currently A.J. Gallagher), their wellness coach (currently Ramp Health) and their wellness vendors (collectively "Wellness Team"). Kimble reserves the right to take disciplinary action if you falsify this certification, including, but not limited to discharge, increase of medical premiums and/or requiring repayment of the discounted contribution.

Kimble Employee

This section must be completed [Select only one]

- ☐ I am NOT a "Nicotine User".
- ☐ I am a "Nicotine User" and elect to participate in a Kimble approved nicotine cessation program.
- ☐ I decline to respond or elect not to participate in this Wellness Program, and therefore I elect not to participate in the Kimble endorsed Nicotine Cessation program.

Kimble Employee Spouse

[Complete if your spouse is covered and you are seeking Family Coverage or Employee + Spouse Coverage, otherwise leave blank.] [Select only one]

- ☐ I am NOT a "Nicotine User".
- ☐ I am a "Nicotine User" and elect to participate in a Kimble approved nicotine cessation program.
- ☐ I decline to respond or elect not to participate in this Wellness Program, and therefore I elect not to participate in the Kimble endorsed Nicotine Cessation program.

The undersigned certify the information herein is true and accurate and that if any information in this affidavit would be incorrect in any month hereafter, they will immediately notify the Human Resources Manager and complete a new affidavit correcting such information.

Employee Signature	Print Name	Date	Spouse Signature	Print Name	Date
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