



Dawson Geophysical Company

DAWSON'S FOCUS ON WELLNESS
2026 TOBACCO USE AFFIDAVIT

Part I: AFFIDAVIT SUMMARY

What is Considered Tobacco Use?

You are considered a tobacco user if you use cigarettes, electronic cigarettes, cigars, chewing tobacco, smokeless tobacco, etc. in any amount (including occasional social use) in the last three months.

If You Are a Tobacco User

- You need to complete this Affidavit, declaring you are a tobacco user, and return it to Human Resources by the deadline.
If you take this action, you will be required to complete the UHC Tobacco Cessation Program by December 31, 2026.
If you declare you are a tobacco user on this Affidavit and do NOT complete the UHC Tobacco Cessation Program by the deadline, then you will not qualify for the 2027 wellness discount (even if you complete all the other required wellness steps).

If You Are NOT a Tobacco User

- You need to complete this Affidavit, declaring you are NOT a tobacco user, and return it to Human Resources by the deadline.

IMPORTANT: Any employee that does NOT complete this Affidavit and return it to Human Resources by May 1, 2026, will be considered a tobacco user for purposes of qualification for the 2027 wellness discount. This means that any employee that does NOT complete this Affidavit will be required to complete the UHC Tobacco Cessation Program by December 31, 2026 (in addition to the other required wellness steps).

Part II: Tobacco Use Declaration

I, _____, declare that:
(Print first and last name)

- I have used tobacco products in the last 3 months and I am not tobacco free.
I have NOT used tobacco products in the last 3 months and I am tobacco free.
I have NEVER used tobacco products and I am tobacco free.

Part III: Signature

By signing this form, I certify the following:

- I have truthfully checked the box above that accurately reflects my use of tobacco products.
I understand that tobacco products include cigarettes, electronic cigarettes, cigars, chewing or pipe tobacco or any other tobacco products regardless of the frequency or method of use that I may have used in the last six months.
I understand that if I fail to complete this Affidavit truthfully, Dawson may adjust my medical plan premiums retroactively by removing the wellness discount and charging me the higher premium. Upon written notification, I must reimburse Dawson any amounts reduced from my premiums for the period for which I falsely certified eligibility for the wellness discount.

Employee Signature: _____ Date: _____

Employee Name: _____ Department/Crew: _____

RETURN THIS COMPLETED AFFIDAVIT TO HUMAN RESOURCES
This Affidavit must be submitted to Human Resources no later than May 1, 2026.