

Smoker/Non-Smoker Declaration Form

(This form must be completed if you and/or your spouse have existing
Optional Life Insurance which you would like continued.)

Policyholder	Policy No.	Division No.
Employee's last name	First name	Middle initial
Employee's Certificate No.		

EMPLOYEE DECLARATION

I am a: <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker*	
* A non-smoker is a person who has not used or smoked cigarettes, cigarillos, cigars, a pipe, chewing tobacco, nicotine gum or patches or any other tobacco products in the past 12 months.	
Employee's Signature	Date signed

SPOUSE'S DECLARATION

I am a: <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker*	
* A non-smoker is a person who has not used or smoked cigarettes, cigarillos, cigars, a pipe, chewing tobacco, nicotine gum or patches or any other tobacco products in the past 12 months.	
Spouse's Signature	Date signed
Employee's Signature	Date signed