

NON-SMOKERS DECLARATION

NOTE: You are considered a non-smoker only if you have not used tobacco products in the last 12 months.

Name of Applicant _____

Certificate # _____

1. Have you ever used tobacco products? ___Yes ___No

2. If you no longer use tobacco products, give date stopped and reason.

I understand that, as contemplated by statute, any material misrepresentation or non-disclosure in the answers to the questions in this declaration shall render coverage voidable by the insurer.

I understand the above and the statements and answers recorded above are given by me and are, to the best of my knowledge and belief, complete and true.

Date

Applicant Signature

Witness Signature