

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, then please 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.

Applicant Name: _____ Date: _____

Applicant Signature: _____

Witness Name: _____ Date: _____

Witness Signature: _____