

Tobacco Use Questionnaire

Name of Proposed Insured _____ Date of Birth _____

Describe your use of tobacco or nicotine products in any form by providing the following information. Complete all questions.

1) Do Your Currently Use:

a) Cigarettes.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", number of packs of cigarettes per day _____		
b) Cigars.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", number of cigars per day _____		
c) Pipe.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) Chewing Tobacco.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) Nicotine Gum.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) Nicotine Patch.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) E-Cigarette / Vapes	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2) Have You Ever Used:

a) Cigarettes.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", month and year last used _____		
b) Cigars.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", month and year last used _____		
c) Pipe.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", month and year last used _____		
d) Chewing Tobacco.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", month and year last used _____		
e) Nicotine Gum.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", month and year last used _____		
f) Nicotine Patch.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", month and year last used _____		
f) E-cigarette/Vapes.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", month and year last used _____		

I have read the above questions and answers. I affirm that they are complete and true to the best of my knowledge and belief. I agree that this questionnaire is a part of my application for life insurance.

 Signature of Proposed Insured

 Date Signed

 Signed at City