

**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.

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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

