

NICOTINE USAGE QUESTIONNAIRE

Name of Life Insured (first, middle, last)	Date of Birth (dd/mmm/yy)	Application #
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1. Do you presently or have you in the past used any of the following products:

Cigarettes	<input type="radio"/> yes	<input type="radio"/> no
e-cigarettes	<input type="radio"/> yes	<input type="radio"/> no
Cigarillos	<input type="radio"/> yes	<input type="radio"/> no
Large cigars	<input type="radio"/> yes	<input type="radio"/> no
Small cigars (approximate diameter of cigarettes)	<input type="radio"/> yes	<input type="radio"/> no
Pipe	<input type="radio"/> yes	<input type="radio"/> no
Chewing tobacco	<input type="radio"/> yes	<input type="radio"/> no
Snuff	<input type="radio"/> yes	<input type="radio"/> no
Smoking cessation products such as Zyban, nicotine patches or nicotine gum	<input type="radio"/> yes	<input type="radio"/> no
Tobacco substitutes such as betel nuts, betel leaves, supari, paan, gutka or shisha	<input type="radio"/> yes	<input type="radio"/> no
Any other product containing nicotine	<input type="radio"/> yes	<input type="radio"/> no

2. If you answer "yes" to any of the above, please provide details below:

Type	Quantity	Frequency (daily, weekly, monthly, yearly)	Date last used (or within last 1, 2 or 15 yrs)	One time use? Please provide date:

Have you ever been advised to cease consumption of these products? yes no
 If yes, please advise by whom, when and reason:

3. Declaration, Authorization & Signatures

I hereby declare that the above answers are complete and true, and agree that they shall form part of my application for the policy requested.

Signature of Life Insured X	Date (dd/mmm/yy)
Signature of witness X	Date (dd/mmm/yy)