

IDENTIFICATION

Person to be insured: _____ Application or contract number: _____

INFORMATION

1. During the last twelve months, did you use tobacco in the following forms:

	YES	NO	QUANTITY PER DAY
cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	_____
cigars	<input type="checkbox"/>	<input type="checkbox"/>	_____
the pipe	<input type="checkbox"/>	<input type="checkbox"/>	_____
any other form of tobacco	<input type="checkbox"/>	<input type="checkbox"/>	_____

2. a) During your lifetime, did you use tobacco in the following forms on a regular basis:

	YES	NO
cigarettes	<input type="checkbox"/>	<input type="checkbox"/>
cigars	<input type="checkbox"/>	<input type="checkbox"/>
the pipe	<input type="checkbox"/>	<input type="checkbox"/>
any other form of tobacco	<input type="checkbox"/>	<input type="checkbox"/>

If yes, what was your daily consumption? _____

b) On what date did you stop to use tobacco in the following forms:

cigarettes _____

cigars _____

the pipe _____

any other form of tobacco _____

c) Did you stop smoking due to health problems? YES NO

If yes, reason: _____

d) Did your doctor advise you to quit smoking? YES NO

If yes, reason: _____

Name and address of the doctor: _____

IMPORTANT

Canassurance Hospital Service Association and/or Canassurance Life Insurance Company Inc. agrees to issue an insurance at the current rate for non-smokers providing the insured has not smoked during the twelve months preceding the date of this statement and his/her health condition has not changed since the effective date of his/her insurance.

I certify to having read the above warning and that this statement is complete and true.

Signature of the person to be insured

Witness

Date