



NON-SMOKER QUESTIONNAIRE

Employee Name :
ID or SIN# :
Policy # :
Policy Name :
Spouse Name :

Change applies to : employee spouse

1. Have you used tobacco in any form in the last 12 months? yes no

If no, complete the following:

Have you ever used tobacco in any form? yes no

If yes, when did you stop?

I declare that the above information is true and complete and shall form part of my application for insurance to British Columbia Life & Casualty Insurance Company.

Date

Signature of Employee or Spouse

Note: British Columbia Life & Casualty considers any misstatement of smoking habits to be material misrepresentation. If any such misrepresentation is contained in the following declaration, any life insurance arising from this application will be null and void.