



Insured's Statement of Tobacco Use

INSURED NAME _____ SSN _____ DATE OF BIRTH _____

The below information fully and accurately describes my use of tobacco.

Cigarettes:

I have never smoked cigarettes: _____
I stopped smoking cigarettes on: _____
I smoke / smoked (circle one) _____ cigarettes per day; _____ cigarettes per week

e-Cigarettes:

I have never smoked e-cigarettes: _____
I stopped smoking e-cigarettes on: _____
I smoke / smoked (circle one) _____ e-cigarettes per day; _____ e-cigarettes per week

Cigars:

I have never smoked cigars: _____
I stopped smoking cigars on: _____
I smoke / smoked (circle one) _____ cigars per day; _____ cigars per week
I inhale / do not inhale (circle one) when I smoke / smoked (circle one) cigars.

Pipe:

I have never smoked a pipe: _____
I stopped smoking a pipe on: _____
I smoke / smoked (circle one) a full / half / qtr / other (circle one): _____ pipe bowl _____ times per day
I smoke / smoked (circle one) a full / half / qtr / other (circle one): _____ pipe bowl _____ times per week

Smokeless Tobacco:

I have never used smokeless tobacco: _____
I stopped using smokeless tobacco on: _____
I use / used (circle one) smokeless tobacco _____ per day; _____ per week

Other - Please Specify: _____

I do not use any other form of tobacco: _____
I stopped using other forms of tobacco on: _____
I use / used (circle one) other forms of tobacco _____ times per day
I use / used (circle one) other forms of tobacco _____ times per week

I certify that the statements contained in this document are true and correct to the best of my knowledge. I understand that any material misrepresentations contained in any of the above statements may prevent this document from being used for its intended purpose.

Insured's Signature _____ Date _____