

N.B.: You are considered a non-smoker only if you have not used tobacco products in the last 12 months.

Name of member	Policy number MG
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- | | Member | Spouse |
|---|--|--|
| 1. Do you presently use any tobacco or nicotine products including, cigarettes, cigarillos, colts, cigars, pipes, chewing tobacco, snuff, gum or patches, shisha/hooka (waterpipe), marijuana or hashish? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If yes, indicate type and amount . | | |
| 3. If no, have you ever used any? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. If yes, 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 the Non-Smoker Questionnaire 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	Signature of member	Date	Signature of spouse
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