

Tobacco Usage Questionnaire

First Name: _____ Last Name: _____

Policy Number: _____ Date of Birth (mm/dd/yyyy): _____

1. In the past twelve (12) months, have you used any of the following products?

Type	Yes	No	Quantity per day	Number of years
Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>		
E-cigarettes	<input type="checkbox"/>	<input type="checkbox"/>		
Cigarillos (small cigars)	<input type="checkbox"/>	<input type="checkbox"/>		
Cigars	<input type="checkbox"/>	<input type="checkbox"/>		
Nicotine patch	<input type="checkbox"/>	<input type="checkbox"/>		
Nicotine gum	<input type="checkbox"/>	<input type="checkbox"/>		
Chewing tobacco	<input type="checkbox"/>	<input type="checkbox"/>		
Pipe	<input type="checkbox"/>	<input type="checkbox"/>		
Marijuana mixed with nicotine or hashish mixed with nicotine	<input type="checkbox"/>	<input type="checkbox"/>		
Other nicotine product	<input type="checkbox"/>	<input type="checkbox"/>		

If answers to above questions are all "No", refer to question 2.

 2. Have you ever used any of the products outlined in question 1? Yes No

If yes, please complete the following questions:

(a) Date of last consumption: _____

(b) Quantity per day: _____

 (c) What is your reason for discontinuing use (physician's recommendation, personal, high cost, etc.)? _____

I understand that this declaration is a material part of this application and will be relied upon by the Company in determining my insurability and premium rate.

I understand that any false statement in this document or elsewhere in my application may render the policy void on the grounds of material misrepresentation or fraud.

I declare that the above information is true and complete and acknowledge that it shall form part of my insurance application with Assumption Life.

 Signature of the person to be insured (parent or legal guardian if a minor)

 Date (mm/dd/yyyy)