

**Identification**

All requests for modification for preferred non-smoker rate must be accompanied by a declaration of insurability, form number 4100-045\_EN.

Policy number:

Name of person to be insured:

First Name of person to be insured:

Date of birth:  /  /   
year / month / day

**Section Tobacco use**

1. Within the past 12 months, have you smoked?  yes  no

cigarettes  cigars  cigarillos  pipe  marijuana  hashich

2. Have you ever used any form of tobacco products or marijuana prior to the last 12 months?  yes  no

If yes, specify type and date last used:

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**Tobacco use (...continued)**

3. If you do not presently smoke, do you use tobacco in any other form such as chewing tobacco, or use any smoking cessation products, such as nicotine gum or patch, or Zyban?  yes  no

If yes, details:

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4. Have you been advised by a physician to reduce or stop smoking?  yes  no

If yes, date, doctor's name:

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I, the undersigned, declare that the above answers are true and complete and shall form part of my application for insurance with Humania Assurance.

Signed at: \_\_\_\_\_

Date: 

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year / month / day

Signature of witness: \_\_\_\_\_

Signature of person to be insured: \_\_\_\_\_