

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:

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

If yes, date, doctor's name:

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:

year				/	month		/	day	

Signature of witness: _____

Signature of person to be insured: _____