



Group Operation  
400 – 200 Main Street, Winnipeg, MB R3C 1A8

# TOBACCO USAGE QUESTIONNAIRE

## EMPLOYER/EMPLOYEE IDENTIFICATION

Name of Employer (print)				Policy Number
				G
Name of Employee (print)	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Miss <input type="checkbox"/>
				Claimant ID
Given Name in Full	Last Name			WLI

## DETAILS

1. Do you or have you used any tobacco or nicotine products including cigarettes, cigarillos, colts, cigars, pipes, chewing tobacco, snuff, nicotine gum or patches, or any form of nicotine substitute:

(a) In the last 12 months?  YES  NO If YES, please complete the following:

Type	Amount

(b) In the last 2 years?  YES  NO If YES, please complete the following:

Type	Amount

(c) In the last 5 years?  YES  NO If YES, please complete the following:

Type	Amount

2. Have you ever smoked cigarettes?  YES  NO If YES, please answer the following:

When did you start smoking? \_\_\_\_\_ When did you last quit smoking? \_\_\_\_\_

How many cigarettes did you smoke on average per day before you quit? \_\_\_\_\_

3. Have you ever been advised by a doctor to give up smoking?  YES  NO If YES, provide details:

## CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION

I consent to Wawanesa Life collecting, using and disclosing my personal information for the purposes of: establishing and maintaining communications with me; underwriting risks on a prudent basis; investigating and paying claims; detecting and preventing fraud; offering and providing products and services to meet my needs; compiling statistics and acting as required or authorized by law.

*You can obtain further information about Wawanesa Life's Personal Information Protection Policy from the Wawanesa Life Head Office at 400 – 200 Main Street, Winnipeg, MB R3C 1A8 or at [www.wawanesalife.com](http://www.wawanesalife.com).*

## SIGNATURES

I am aware that The Wawanesa Life Insurance Company is relying on the representations which I have made in this declaration in order to classify me as a "Non-Smoker", and to reduce the premiums which I am paying on my life insurance policy(s). I am further aware that **in the event I have misrepresented my status as a "Non-Smoker", whether done intentionally or not, The Wawanesa Life Insurance Company will be entitled to void my life insurance policy(s).**

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Insured

For Wawanesa Life Head Office Use Only