



Group Operation  
400 – 200 Main Street, Winnipeg, MB R3C 1A8  
1-800-665-7076

# TOBACCO USAGE QUESTIONNAIRE

## PLAN SPONSOR/PLAN MEMBER IDENTIFICATION

Name of Plan Sponsor				Policy Number
				G
Name of Plan Member	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Miss <input type="checkbox"/>
Plan Member ID				WLI
Last Name		First Name		

## 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.

I understand that Wawanesa Life may share my personal information with the following people, organizations and service providers: Wawanesa Life employees and agents who require this information to perform their jobs; claims investigators, investigative agencies, providers of information processing and storage, programming, printing, mailing and distribution services; applicable reinsurance companies; people to whom I have granted access; and people who are legally authorized to view my personal information. These people, organizations and service providers may be in other provinces or in jurisdictions outside Canada. My information may be shared as required by the laws of those jurisdictions.

I understand that any restriction or withdrawal of my consent may result in Wawanesa Life being unable to process the claim being applied for.

You can obtain further information about Wawanesa Life's Personal Information Protection Policy and practices concerning service providers outside Canada from the Wawanesa Life Executive Office at 400-200 Main Street, Winnipeg, MB R3C 1A8 or at [www.wawanesalife.com](http://www.wawanesalife.com).

If you have a question (including a question concerning our collection of personal information, or the collection, use, disclosure or storage of personal information by service providers outside Canada on our behalf) or complaint regarding our privacy policies or procedures, please contact the individual accountable for our personal information protection compliance:

Privacy Officer, The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, Manitoba R3C 1A8.

## 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 Executive Office Use Only