

Application and Declaration for Non-Smoker Rate

Group Life Insurance Plan (Enhanced Coverage only)

Policy 20571

Employee Information

Name of Employee

Ministry

Employee ID

Declaration

1. Do you smoke cigarettes now, or have you smoked any cigarettes in the past 12 months?
 Yes No
2. In the past 2 years have you been treated for or had any indication of heart disease, stroke, cancer or any respiratory disease or disorder?
 Yes No

I declare that to the best of my knowledge, all the answers to the above noted questions are true. I understand that if any answer is false, any coverage granted may be void.

Employee Signature

Date

- This form can be filled out on-screen by tabbing to each field, or you may print the blank form by clicking on the 'print' icon and completing the form by hand.
- Once completed, the printed copy should be signed, dated and sent to your Ministry Pay and Benefits Office.
- You may wish to retain a copy for your own records.

For Payroll Use Only

Pay and Benefits Signature

Date