

**GROUP INSURANCE PLAN  
NON-SMOKER DECLARATION**

**TO BE COMPLETED BY THE INSURED**

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I hereby declare that I have not smoked any cigarettes, cigars, cigarillos, pipe, or used chewing tobacco, or nicotine products (patch, gum, etc.) in the period from \_\_\_\_\_ to the date of this declaration.  
(D/M/Y)

I understand that this statement will be attached to and is part of my application for insurance benefits. I further understand that misrepresentation of my smoking habits may result in a decline of any claim.

<b>Last Name:</b>		<b>Policy #:</b>	
<b>First Name:</b>		<b>Company:</b>	
<b>Home Address:</b>			
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>	

Signature: \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

**TO BE COMPLETED BY WITNESS**

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I have known \_\_\_\_\_ for the period between \_\_\_\_\_ and this date and can affirm to the fact that  
(Applicant's Name) (D/M/Y)

\_\_\_\_\_ has not smoked any cigarettes, cigars, cigarillos, pipe, or used chewing tobacco, or nicotine products (patch, gum, etc.)  
(Applicant's Name) during this period.

<b>Last Name:</b>		
<b>First Name:</b>		
<b>Home Address:</b>		
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>

Signature: \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_