



1. Name of Proposed Insured: _____ Date of Birth: _____

2. Height: _____ ft. _____ in. Weight: _____ lbs. Weight two years ago: _____ lbs.

Describe your use of tobacco or nicotine products in any form by providing the following information:

3. Do you currently use:

a. Cigarettes..... Yes No
If "Yes", Number of packs of cigarettes per day _____

b. Cigars..... Yes No
If "Yes", Number of cigars a day _____

c. Pipe..... Yes No

d. Chewing Tobacco..... Yes No

e. Nicotine Gum..... Yes No

f. Nicotine Patches..... Yes No

4. Have you ever used:

a. Cigarettes..... Yes No
If "Yes", month and year last used _____

b. Cigars..... Yes No
If "Yes" month and year last used _____

c. Pipe..... Yes No
If "Yes", month and year last used _____

d. Chewing Tobacco..... Yes No
If "Yes", month and year last used _____

e. Nicotine Gum..... Yes No
If "Yes", month and year last used _____

f. Nicotine Patches..... Yes No
If "Yes", month and year last used _____