

Tobacco Use Questionnaire

Name _____ **Policy No.** _____

| | Yes | No |
|--|--------------------------|--------------------------|
| Do you use tobacco in any form? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you smoked cigarettes within the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you used tobacco in any form within the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have quit smoking, and / or quit using tobacco in any form, date you quit _____

I have read the above questions and declare that the answers are complete and true to the best of my knowledge and belief.

Date

Signature of Applicant

Witness