



DECLARATION OF SMOKER STATUS

P.O. Box 10500, Station Sainte-Foy, Quebec QC G1V 4H6

IDENTIFICATION

SSQ INSURANCE CONTRACT NUMBER: | | | | | | | | | | | | | | | | | | | | | |

OR

SOCIAL INSURANCE NUMBER: | | | | | | | | | | | | | | | |

DECLARATION OF SMOKER STATUS

Prior to making a declaration as to your smoker or non-smoker status, please note the following definition and be advised that any false declaration or withholding of information may result in the participant's group insurance being declared null and void.

"To be considered a non-smoker, the declarant must not have smoked on any occasion whatsoever during the last twelve (12) months any tobacco product such as cigarettes, cigars, cigarillos, nor have smoked a pipe nor any drug. Should this not be the case, the declarant is considered to be a smoker under this group insurance contract."

It is understood that the insurer may request a confirmation of non-smoker status from time to time. The participant, or his/her spouse where applicable, must fulfil the requirements applicable at the time and send a response to the insurer within thirty (30) days of the request. Failure to do so will result in the loss of non-smoker status and any associated premium reductions shall cease to apply as of the date of the insurer's request.

PARTICIPANT	SPOUSE
Last Name:	Last Name:
First Name:	First Name:
Date of Birth: Y Y Y Y M M D D	Date of Birth: Y Y Y Y M M D D
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
After having read and understood the preceding definition of non-smoker and smoker, I hereby confirm that I am a: <input type="checkbox"/> Non-Smoker <input type="checkbox"/> Smoker	After having read and understood the preceding definition of non-smoker and smoker, I hereby confirm that I am a: <input type="checkbox"/> Non-Smoker <input type="checkbox"/> Smoker
_____ Participant's Signature	_____ Spouse's Signature
_____ Date	_____ Date