



<u>CONTRACTHOLDER'S NAME</u>	<u>CONTRACT NO.</u>

In order to qualify for reduced non-smoker optional life rates you must not have used smoking materials (cigarettes, cigars, pipe, etc.) or used tobacco in any other form within the last 12 months. If you qualify, complete this form and return to your employer within 31 days to receive your discount. If you do not submit this form, you will be subject to smoker rates.

<u>EMPLOYEE'S NAME</u>	<u>EMPLOYEE'S S.I.N./CERT. NO.</u>

<u>SPOUSE'S NAME</u> (If you have spousal coverage)	<u>SPOUSE'S S.I.N.</u>

I, the Employee, hereby declare that

- I have not smoked
- my spouse has not smoked

(i.e. cigarettes, cigars, pipe etc.) or used tobacco in any form within the last TWELVE months.

I/we certify that the statements provided by me are true and accurate to the best of my knowledge and belief. I have authority to release and exchange personal information concerning my spouse and my dependants. I/we authorize the use of my/our Social Insurance Number for the purpose of tax reporting and for the identification and administrating of the Group Benefits.

DATE SIGNED

SIGNATURE OF EMPLOYEE