

Return to - jim@uswolfe.com or Fax to 815-377-3556

Policy Number _____

Date ____ / ____ / ____

Former Tobacco User Declaration

Name: _____ D.O.B. ____ / ____ / ____

Insurance Company: _____

This declaration is to be signed by the Insured. If the insured is not the Owner, then the Owner must also sign below.

Misrepresentation

If there is a material misrepresentation, we (the issuing company) may contest the difference between the amount of insurance in force and the amount the premium paid would have purchase had this declaration not been completed.

Declaration

In connection with the issuing, continuation of or renewal of Life/LTC/DI insurance for a "discounted" premium, I declare that:

- 1) I have not smoked or used any tobacco products in the last _____ months.
- 2) I am now in good health and was not advised to stop smoking or using tobacco products by a physician as a result of findings from a medical examination, chest X-Ray, electrocardiogram (EKG), blood test, or other diagnostic study.

The above declaration is true to the best of my knowledge and belief. It is a continuation of, and forms a part of, the original application for insurance.

Signed at:

City _____ State _____ Date ____ / ____ / ____

Signature of Insured _____

Signature of Owner/Applicant _____

Agent Name _____ Agent Number _____

Agent Signature _____