ONTARIO BLUE CROSS™

NON-SMOKER QUESTIONNAIRE

PO BOX 2000 185 THE WEST MALL SUITE 600
ETOBICOKE ON M9C 5L5
TELEPHONE: 1-800-355-9133 FAX: (416) 626-0997

ATTENTION: Medical Underwriting Department

Name: _____ Date of Birth: _____

Policy Number: _____

Note: Ontario Blue Cross considers any misstatement of smoking habits to be material misrepresentation. If any such misrepresentation is contained in the following declaration, any life insurance arising from this application will be null and void.

1. Have you used tobacco in any form in the last 12 months? ❑ yes ❑ no

   If no, complete the following:

   Have you ever used tobacco in any form? ❑ yes ❑ no

   If yes, when did you stop? _____

I hereby declare that the above information is true and complete and shall form part of my application to Ontario Blue Cross.

Date	Witness	Signature of Proposed Assured

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