Smoker / Non-Smoker Declaration

ⓘ Important information

Please remember that if you do not answer the following questions fully and accurately it may mean that a claim may not be paid and your policy may be amended or cancelled.

Where examples are shown, they are not intended to be a complete list.

Customer 1

Title ☐ Initials ☐

Surname ☐

Date of birth (DDMMYYYY) ☐☐☐☐☐☐☐☐

Customer 2

Title ☐ Initials ☐

Surname ☐

Date of birth (DDMMYYYY) ☐☐☐☐☐☐☐☐

Application number/reference ☐

PLEASE COMPLETE THE FOLLOWING:

Customer 1

During the last 12 months have you smoked any cigarettes, cigars, a pipe (including shisha/hookah), used vapes, e-cigarettes, or nicotine replacements? (A simple medical test may be required to check your answer.)

If you've smoked any cigarettes, cigars, a pipe (including shisha/hookah), used vapes, e-cigarettes, or nicotine replacements at all in the last 12 months you need to answer 'Yes – regularly' or 'Yes - occasionally', even if the product used did not contain any nicotine

Yes – regularly ☐ Yes – occasionally ☐ None at all ☐

How many cigarettes do you smoke on average each day? (If you don't smoke cigarettes daily, please enter 0.) ☐

Customer 2

During the last 12 months have you smoked any cigarettes, cigars, a pipe (including shisha/hookah), used vapes, e-cigarettes, or nicotine replacements? (A simple medical test may be required to check your answer.)

If you've smoked any cigarettes, cigars, a pipe (including shisha/hookah), used vapes, e-cigarettes, or nicotine replacements at all in the last 12 months you need to answer 'Yes – regularly' or 'Yes - occasionally', even if the product used did not contain any nicotine

Yes – regularly ☐ Yes – occasionally ☐ None at all ☐

How many cigarettes do you smoke on average each day? (If you don't smoke cigarettes daily, please enter 0.) ☐

L&G

DECLARATION

I declare that the answers I have given are to the best of my knowledge and belief, true and complete.

Please remember that all items of information requested in this questionnaire are taken into account when assessing acceptance of the application and in calculating the premium. If you do not answer the questions fully and accurately, it may mean that a claim may not be paid and your policy may be amended or cancelled.

I agree that this questionnaire will form part of my application for life, critical illness or income protection and I also agree to inform L&G of any change to this information between the date of this questionnaire and the issue of the policy contract.

Customer 1
Signature

Date (DD/MM/YYYY):

Customer 2
Signature

Date (DD/MM/YYYY):

Alternative formats

Please let us know if you would like a copy of this in large print, braille, PDF or in an audio format. To do this, you can call us on 0370 010 4080. We may record and monitor calls. Call charges will vary.

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