

Smoker/Non-Smoker Declaration

Important information

Please remember that if you do not answer the following questions fully and accurately it will very likely mean that a claim will be declined and the policy 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 or used nicotine replacements? (A simple medical test may be required to check your answer. If you've smoked any cigarettes, cigars, a pipe, used e-cigarettes (whether or not they contain nicotine), or used nicotine replacements at all in the last 12 months you need to answer 'Yes – regularly' or 'Yes – occasionally'.)

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 or used nicotine replacements? (A simple medical test may be required to check your answer. If you've smoked any cigarettes, cigars, a pipe, used e-cigarettes (whether or not they contain nicotine), or used nicotine replacements at all in the last 12 months you need to answer 'Yes – regularly' or 'Yes – occasionally'.)

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.)

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 give any of this information or if you mis-state any information it will very likely mean that a claim will be declined and the policy or policies cancelled.

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

Customer 1
Signature

Date (DDMMYYYY):

Customer 2
Signature

Date (DDMMYYYY):

Contact us



legalandgeneral.com

Legal & General Assurance Society Limited

Registered in England and Wales No.166055

Registered office: One Coleman Street, London EC2R 5AA

We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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