



## EMPLOYEE BENEFIT PROGRAM DECLARATION OF SMOKING HABITS

### PROCESSING INSTRUCTIONS:

Please complete this form, in ink, and send the original signed form to:

The MEARIE Group - 3700 Steeles Avenue West Suite 1100, Vaughan, Ontario, L4L 8K8

### GENERAL INFORMATION (Part A)

EMPLOYER NAME			DIVISION NUMBER	
EMPLOYEE NAME			ID NUMBER	CLASS
Last Name	First Name	Middle Name		

### EMPLOYEE DECLARATION (Part B)

Please check off the appropriate box below:

**Non Smoker:** I certify as a true fact that I have **NOT** smoked cigarettes, e-cigarettes, cigarillos, cigars, a pipe or used marijuana or any kind of tobacco products or substitutes such as nicotine gum, nicotine patches or anti-smoking medication (Zyban) in the past twelve (12) month period immediately preceding the date written beside my signature below.

**Smoker:** I certify as a true fact that I have smoked cigarettes, e-cigarettes, cigarillos, cigars, a pipe or used marijuana or any kind of tobacco products or substitutes such as nicotine gum, nicotine patches or anti-smoking medication (Zyban) in the past twelve (12) month period immediately preceding the date written beside my signature below.

I understand and agree that the premiums charged for my insurance coverage are based in part on the statements given by me on this form. I certify that the statements are accurate, true and complete in all respects. In the event that any such statement is inaccurate, untrue or incomplete in any respect, I understand and agree that all Optional and/or Supplementary Life insurance coverage is voidable by the insurer. I further agree that in such event the insurer's liability is limited to paying to the designated beneficiary/beneficiaries the amount of any premium I paid for insurance.

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Month/Day/Year

### SPOUSE'S DECLARATION (Part C) - To be completed by the employee's spouse if applying for, or changing, Spousal Optional Life coverage

Please check off the appropriate box below:

**Non Smoker:** I certify as a true fact that I have **NOT** smoked cigarettes, e-cigarettes, cigarillos, cigars, a pipe or used marijuana or any kind of tobacco products or substitutes such as nicotine gum, nicotine patches or anti-smoking medication (Zyban) in the past twelve (12) month period immediately preceding the date written beside my signature below.

**Smoker:** I certify as a true fact that I have smoked cigarettes, e-cigarettes, cigarillos, cigars, a pipe or used marijuana or any kind of tobacco products or substitutes such as nicotine gum, nicotine patches or anti-smoking medication (Zyban) in the past twelve (12) month period immediately preceding the date written beside my signature below.

I understand and agree that the premiums charged for my insurance coverage are based in part on the statements given by me on this form. I certify that the statements are accurate, true and complete in all respects. In the event that any such statement is inaccurate, untrue or incomplete in any respect, I understand and agree that the Spousal Optional Life insurance coverage is voidable by the insurer. I further agree that in such event the insurer's liability is limited to refunding the amount of any premium paid for insurance on my behalf.

Spouse's Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Gender:  Male  Female Date of Birth (YY/MM/DD): \_\_\_\_\_

SPOUSE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Month/Day/Year

At The MEARIE Group, we recognize and respect every individual's right to privacy. We use the personal information provided to determine your eligibility for coverage and administer the group benefit plan.