



GROUP BENEFITS DECLARATION OF SMOKING HABITS

INSTRUCTIONS

Please submit the physically signed copy to:

- > Email: benefits@mearie.ca
- > Fax: 905-265-5302
- > Mail: The MEARIE Group – 3700 Steeles Avenue West, Suite 1100, Vaughan, Ontario, L4L 8K8

SECTION #1: PLAN MEMBER INFORMATION

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

EFFECTIVE DATE OF CHANGE	MONTH	DATE	YEAR
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SECTION #2: CHANGE TO EMPLOYEE SMOKING HABITS

Non-Smoker: I certify as a true fact that I have **NOT** smoked cigarettes, e-cigarettes, cigarillos, cigars, a pipe 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 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 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 SIGNATURE: _____

DATE: _____

SECTION #3: CHANGE TO SPOUSE SMOKING HABITS

Non-Smoker: I certify as a true fact that I have **NOT** smoked cigarettes, e-cigarettes, cigarillos, cigars, a pipe 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 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 | OTHER DATE OF BIRTH: (MM/DD/YY): _____

SPOUSE SIGNATURE: _____

DATE: _____

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.