

## QUESTIONNAIRE FOR PERSONAL CHANGES – TOBACCO AND NICOTINE REPLACEMENT

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Complete this questionnaire if you're paying an increased premium due to use of tobacco or nicotine replacement products, have now stopped for more than 12 months or 5 years and would like us to consider whether we can reduce your premium.

Please take care when answering the questions to make sure they're accurate, true and complete. If not, you risk your cover being cancelled or when we assess a claim you risk us paying a reduced amount or nothing at all.

We may ask you to have a test to confirm your smoker status.

You don't need to tell us the results of genetic test results unless your existing life cover and application(s) total more than £500,000. Above that limit, you only need to tell us the result of genetic test(s) for Huntington's disease. You can choose to tell us about any negative genetic test result which might enable us to offer better terms.

**Your name:**

**Policy number(s)**

**Cover reference(s)**

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### Please answer the following questions

1. What best describes your use of tobacco or nicotine replacement products? (Tobacco products include cigarettes, cigars and pipes. Nicotine replacement products include patches, electronic cigarettes, chewing gum, lozenges, inhalers and sprays.)

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None in last 5 years

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None in last 12 months

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I have used tobacco or replacement products in the last 12 months

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2. When did you stop using tobacco or nicotine replacement products?

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3. Since you gave up smoking/ nicotine replacement products per Q2 above have you smoked or used nicotine replacement products at all? if so, please state the date (mm/yyyy) of last use.

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Yes

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No

4. Why did you decide to stop smoking or using nicotine replacement products?

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5. Were you advised by a medical professional to stop smoking or to stop using nicotine replacement products due to an existing or recently diagnosed medical condition? If yes, please give full details including the name of the condition and date (mm/yyyy) of diagnosis.

☐ Yes ☐ No

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6. In the last 12 months, have you been prescribed any medication or treatment lasting more than 2 weeks? If yes, please give full details.

☐ Yes ☐ No

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7. In the last 12 months, have you attended any doctor, hospital or clinic for tests or investigations? If yes, please give full details.

☐ Yes ☐ No

**Declaration**

I confirm that the answers I've given are accurate to the best of my knowledge and belief and I understand that if they're not:

- You may reduce the amount you pay on any claim or not make any payout at all.
- You may amend the terms of my cover.
- You may cancel my policy completely.
- Where you cancel my policy, you may not refund the premiums I've paid.

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Signature:

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Date: