

CONFIDENTIAL
NON-SMOKER STATEMENT

Policy Owner Details

Life Insured Name	
Policy Number	
Policy Owner Name (If Applicable)	

Duty of Disclosure

What you must tell us

When we are considering your alteration to your cover we need to know exactly what risk we are to insure. This helps us to decide how much to charge and whether any special rules should apply. You must answer all the questions on this declaration completely and accurately and tell us anything you know which will be relevant to our decision, or which a reasonable person in the circumstances could be expected to know would be relevant to our decision. This duty continues until we confirm the change to non-smoker status. If you fail to comply we may cancel your cover (as permitted by law) or reduce the amount we pay.

Smoking Questionnaire

	Yes	No
Have you smoked tobacco or any other substance or used nicotine replacement products within the last 12 months?		
Have you been advised to cease smoking for specific medical reasons?		
Do you have, or have you been advised by a medical practitioner, that you have a medical condition caused or associated with smoking?		

If you answer "Yes" to any of the above questions, please provide details in the table below:

Question	Condition/Test/Reason	Date First Started	Details of Treatment	Name and Address of Doctor

Declaration

- I/We declare that the above statements are true.
- I/We acknowledge the duty of disclosure as explained above, have kept it in mind when completing this declaration and understand Genus may alter the terms of the plan if the duty is not complied with.
- I/We therefore requests that the premium rates for the above plan number be reduced to non-smoker rates from the next renewal date.
- I/We agree that this declaration will form part of the basis for this plan contract.

Signature of Applicant/Policy Holder

Signature of Representative

Date: _____

Date: _____