

# Non Smoking Declaration

Please answer all questions and sign and date this questionnaire. If you fail to do so we will be unable to assess and process your application. Please print.

## PART A Your details

Surname: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Policy owner: \_\_\_\_\_ Policy number: \_\_\_\_\_

## PART B Questionnaire

1. During the last twelve months, have you smoked tobacco or any other substance in any form?

If yes, please state type and quantity per day:

Yes

No

2. Have you ever smoked tobacco regularly in the past?

If yes, please give details and reason for stopping and date that you stopped:

Yes


No

## PART C Declaration

I declare that the answers given are true and correct.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to IMN via one of the following methods:

 Scan and email (with your name and policy number as the subject line) to [customerservice@insuremenow.com.au](mailto:customerservice@insuremenow.com.au)

 Mail to PO Box 471, Seaforth NSW 2092