

Non-Smoking Status Declaration Form

Please complete this form if you are now a non-smoker and wish to have your premiums adjusted accordingly.

"A non-smoker is defined as someone who hasn't smoked tobacco or any substances in the last 12 months, or used any nicotine replacement including e-cigarettes, vaping, nicotine gum, chewing tobacco or patches in the last 12 months".

Policy no. Name of Insured

Insured's Declaration of Non-Smoking Status

I request that my premiums be adjusted to reflect my current non-smoking status. I confirm the following:

- › I have not smoked tobacco or any other substances in the last 12 months.
- › I have not used any nicotine replacement products, including e-cigarettes, vaping, nicotine gum, chewing tobacco, or patches in the last 12 months.
- › I do not intend to smoke or use any nicotine replacement products (as mentioned above) in the future.

I understand that this declaration is used to assess whether my smoking status can be updated, which may impact my premium.

I also acknowledge that the duty of disclosure applies. This means that if I provide incorrect information, Chubb Life may, depending on the policy terms:

- › Reduce my cover amount.
- › Void the policy from inception, treating it as if it never existed, and no claims will be paid.

I confirm that the information provided above is true and complete. I understand that these declarations will be used to determine whether my smoker status will be updated, which will affect my premium, and that the duty of disclosure applies.

Insured's signature Date

Phone Email

Policy owner declaration

I confirm that the information provided above is accurate. I understand that these declarations are used to assess whether the insured's smoking status can be updated, which may impact the premiums, and that the duty of disclosure, as outlined above, applies.

Policy owner (name)

Policy owner signature Date

Phone Email

Policy owner (name)

Policy owner signature Date

Phone Email