

QUESTIONNAIRE ON SMOKING HABITS

Contract or group or policy No.	Division No.
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Name and address of member	Date of birth YYYY MM DD
	Certificate or identification No.
Postal code	Telephone numbers
Current position	At home: (Area code + no.)
Name of spouse	Date of birth YYYY MM DD
	At work: (Area code + no.)

Name and address of policyholder or employer
Postal code

ANY MISREPRESENTATION MAY JUSTIFY THE ANNULMENT OF THE INSURANCE APPLIED FOR.

	MEMBER	SPOUSE
Have you smoked cigarettes, cigarillos, cigars, a pipe or any kind of tobacco products or substitutes, such as nicotine gum, nicotine patches or e-cigarettes in the last twelve (12) months ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that the answers given above are true and complete and I agree that they are to be considered the basis of the insurance applied for. I acknowledge that any misrepresentation regarding the use of tobacco may result in the cancellation of the insurance if nonsmoker rates had been granted.

X Signature of member	X Signature of witness
X Signature of spouse	Date

Please send the original to Desjardins Insurance and keep a copy for your file.