



CONFIDENTIAL NON-SMOKER STATEMENT

1. Plan Details

Member Name	
Membership Number	
Owner Name (If Applicable)	

2. Your Duty to Take Reasonable Care

In this Duty section, 'you' (and 'your') means the Policy Owner and it also means the life insured (including where the Policy Owner and life insured are different people, as the duty applies to both).

When applying for an alteration to your insurance cover, you are under a **Duty to Take Reasonable Care not to make a Misrepresentation**. This means that in answering our questions, you must take care not to provide a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

The Duty to Take Reasonable Care is very important. The duty applies up until we provide you with confirmation as to whether or not your application for a change to non-smoker status has been accepted. At claim time, records and information may be checked to confirm that all information provided in your application has been provided honestly and fully.

Please think carefully when answering the questions, **because if you fail to comply with your duty** it can have serious consequences for your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

3. 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



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4. Agreement and Declaration

- I/We declare that the above statements are true.
- I/We acknowledge the duty to take reasonable care as explained above, have kept it in mind when completing this declaration and understand NobleOak may alter the terms of the plan (or decline or reduce a claim, or even cancel the plan in some circumstances) 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.

Life insured Signature: _____ Date: _____

Owners Signature (if different to Life insured): _____ Date: _____

If you cannot sign this declaration, but believe you are eligible for non-smokers rates, please complete a full NobleOak Personal Statement.