

Confidential

Non-smoker statement

1. Plan details

Name of Life Insured	
Membership number	
Name of Policy Owner (if different to Name of Life Insured)	

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

1. Have you smoked or vaped tobacco or any other substance or used nicotine replacement products within the last 12 months?

No ☐

Yes ☐ If you answered yes, which of the following have you used and when was the last time these were used?

☐ Smoked tobacco

Date last used:

☐ Vaped tobacco

Date last used:

☐ Smoked other substances

Date last used:

☐ Vaped other substances

Date last used:

☐ Used nicotine replacement products

Date last used:

2. Have you been advised to cease smoking or vaping for specific medical reasons?

No ☐

Yes ☐ If you answered yes above please provide more detail below:

Reason:

Date you were given this advice:

Any treatment options provided:

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Name and address of the doctor or specialist that provided you with this advice:

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3. Do you have, or have you been advised by a medical practitioner, that you have a medical condition caused or associated with smoking?

No ☐

Yes ☐ If you answered yes above please provide more detail below:

Condition:

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Date diagnosed:

Details of any treatment prescribed:

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Name and address of the doctor or specialist that provided you with this advice:

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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 agree that this declaration will form part of the basis for this plan contract.

Life Insured signature Date/...../.....

Owners signature Date/...../.....