



New York Life Insurance Company
Non-Smoking Questionnaire
(to be used only on non-10 or 20 Year Level Term plans)
(please complete)

Send completed form to:
Manulife, P.O. Box 17001, Stn Waterloo, Waterloo, Ontario N2J 0G5
manulife.ca 1-888-596-8881

Applicant's Name: _____

Group/Plan: _____

Have you or your spouse (if applying for coverage) used tobacco or nicotine in any form, including nicotine patches and nicotine chewing gum, within the last 24 months?

Member: Yes No Spouse: Yes No

If yes, when did you last use tobacco or nicotine products?

Member: _____
(Month/Year)

Spouse: _____
(Month/Year)

Signature of Applicant: _____ Date: _____

Signature of Spouse: _____ Date: _____
(required only if applying)