

# Non Smoking Declaration



Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.

## 1 Member information

Please PRINT clearly.

First name		Last name	
Contract number	Billing Group/Location number	Member ID	
Name of spouse (if applicable)		Spouse's birth date (yyyy/mmm/dd)	

## 2 Declaration

Please tick off the appropriate box.

Member and/or Spouse must complete and sign if applicable.

### Member

Have you used tobacco products within the past 12 months?  Yes  No

### Spouse (if applicable)

Have you used tobacco products within the past 12 months?  Yes  No

I declare that the information above is accurate and true. Inaccurate information may invalidate my claim.

Member's signature X	Date (yyyy/mmm/dd)
Spouse's signature (if applicable) X	Date (yyyy/mmm/dd)

940-3300 (01-06)

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