



# Application and Declaration for Non-Smoker Rate

Group Life Insurance Plan (Enhanced coverage only)

Policy 20571

## EMPLOYEE INFORMATION

Name of Employee

Ministry

Employee ID

## DECLARATION

1. In the past 12 months, have you used any form of tobacco, nicotine products or nicotine substitute? *This includes: cigarettes, e-cigarettes/vaporizers, cigarillos, pipe, cigars, chewing tobacco, nicotine patch and/or gum, hookah/shisha, or such products in any other form.*  
 Yes     No
2. In the past two years have you been treated for or had any indication of heart disease, stroke, cancer or any respiratory disease or disorder?  
 Yes     No

I declare that to the best of my knowledge, all the answers to the above noted questions are true. I understand that if any answer is false, any coverage granted may be void.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

- This form can be filled out on-screen by tabbing to each field, or you may print the blank form by clicking on the 'print' icon and completing the form by hand.
- Once completed, the printed copy should be signed, dated and sent to your Ministry Pay and Benefits Office.
- You may wish to retain a copy for your own records.

**For Payroll Use Only**

November 2020

**MyCHOICE**

A BENEFITS PROGRAM FOR  
GOVERNMENT OF ALBERTA  
UNION EMPLOYEES