

A Benefits Program for Government of Alberta
Managers and Non-Union Employees

Group Life Insurance Plan (Enhanced coverage only)

Policy 33384

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

Signature of Pay and Benefits

Date