

## Chubb Life Insurance New Zealand Limited (Chubb Life)

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# Supplementary Personal Statement

## Smoking status update form

Details of Life Assure	d		
Policy Number(s) if known Title	Mr	Other	
First name(s)			
Surname		DOB DD	/ MM / YYYY
Please answer the fol	lowing questions		
1. During the last 12 month If yes, please state type(s) are	s have you smoked tobacco, e-cigarettes or any other substance? nd <b>quantity</b> per day		Yes No Quantity
or anti-smoking medicati	as, have you used nicotine replacement therapy (e.g. nicotine gum, patches, etc.) on (e.g. Zyban, Champix, etc.)?  sed and length of time you have been using this	v .	Yes No
3. Have you any intention to	o resume smoking in the future?	Years	Months Yes No
4. Have you ever been advis	sed by a medical practitioner or physician to give up smoking ods? If <b>yes</b> , please provide full details		Yes No
5 Do you have or has a med	dical practitioner told you that you have a medical condition		
	If <b>yes</b> , please provide full details		Yes No

### **Declaration**

### I/We, the life assured and policy owner(s):

- i. declare that the information in this Supplementary Personal Statement is true, correct and no material information has been left out.
- ii. agree and confirm that the information in this Supplementary Personal Statement forms part of my/our contract of insurance.
- iii. understand the information provided in this Supplementary Personal Statement, together with any other statements made in connection with it, will be used by Chubb Life to decide whether or not to adjust the premiums payable under the above-mentioned policy.
- iv. understand that if any information in this Supplementary Personal Statement is untrue, incorrect or incomplete Chubb Life may, at its discretion, either reduce the insurance cover benefits under my/our policy/ies to the amount that would have been offered for the premiums actually paid or adjust the premiums retrospectively to reflect the true, correct and complete information.

Name of life assured			
(please print)			
Signature of life assured	X	Date	DD/MM/YYYY
Name(s) of policy owner(s)			
(please print)			
Signature of policy owner(s)	X	Date	DD/MM/YYYY