



# Non-smoking declaration form.

Please complete this form if you're now a non-smoker and would like the premiums to reflect this change.

A non-smoker is defined as someone who hasn't smoked tobacco or any substances in the last 12 months, or used any nicotine replacement including e-cigarettes (with nicotine), vaping (with nicotine), nicotine gum, chewing tobacco or patches in the last 12 months.

Policy number	Name of insured person
<input type="text"/>	<input type="text"/>

## Insured person's declaration.

I wish to request that the premiums are adjusted to reflect the change in my smoking status. I declare that:

- I haven't smoked tobacco or any other substances in the last 12 months
- I haven't used any nicotine replacement including e-cigarettes (with nicotine), vaping (with nicotine), nicotine gum, chewing tobacco, or patches in the last 12 months
- I have no intention of smoking any substance or using nicotine replacement (as outlined above) in the future

  
  

I understand this declaration is used to determine whether my smoker status can be changed, which affects the premium paid and the duty of disclosure applies. This means that if I don't answer these questions correctly, depending upon the terms of the policy, Fidelity Life may:

- Reduce the amount of cover;
- Avoid the policy (meaning it is treated as though it ended at this statement) so no claims will be paid.

Insured persons signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Email address	Phone number
<input type="text"/>	<input type="text"/>

## Policy owner declaration.

I declare that the information given above is correct. I understand these declarations are used to determine whether the smoker status of the insured person is changed, which affects the premium paid and the duty of disclosure applies as explained above.

Policy owner (please print)	Policy owner signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Phone number	
<input type="text"/>	<input type="text"/>	

Policy owner (please print)	Policy owner signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Phone number	
<input type="text"/>	<input type="text"/>	

### Privacy.

This form collects personal information that will be used to assess whether an insured person's smoker status is able to be changed- which affects the premiums paid. For information about our collection, use, disclosure and storage of personal information, please see our privacy statement, available on [fidelitylife.co.nz](http://fidelitylife.co.nz).

### Please return your completed form to:

@ [admin.services@fidelitylife.co.nz](mailto:admin.services@fidelitylife.co.nz) ✉ Freepost 1893, PO Box 37275, Parnell, Auckland 1151

If you have any questions please contact us on 0800 88 22 88.