the co-operators®
A Better Place For You®

GROUP BENEFITS
SMOKING STATUS DECLARATION

MAILING ADDRESS

Mail: Co-operators Life Insurance Company
Group Medical Underwriting
1900 Albert Street
Regina, SK S4P 4K8

Fax: 1-866-889-9924

INSTRUCTIONS

Please complete the required information by printing clearly in ink to avoid delays.

You will receive written confirmation of your change request.

1. PLAN MEMBER INFORMATION

To be completed by the Plan Member

Group _____ Account _____ Certificate _____

Plan Member _____ (First Name) _____ (Initial) _____ (Last Name)

*Spouse (only if status change is required for Dependent Optional Group Life coverage)

Spouse* _____ (First Name) _____ (Initial) _____ (Last Name)

Address _____ (Street) _____ (City) _____ (Province) _____ (Postal Code)

Date of Birth _____ (MMM/DD/YYYY) ☐ Male ☐ Female

**Tobacco products include: any form of tobacco, nicotine products or nicotine substitutes.

☐ No
I certify as a true fact that I have not used tobacco products** during the 12 month period immediately preceding the date written beside my signature below.

☐ Yes
I certify as a true fact that I have used tobacco products** during the 12 month period immediately preceding the date written beside my signature below.

2. PRIVACY

Co-operators Life Insurance Company Privacy Statement

At The Co-operators, we recognize and respect the importance of privacy. When you apply for insurance or open an account with us, we will ask for your consent to collect, use, keep and share your personal information. We will explain what information we need, what we will use it for and who we will share it with. We will open a confidential file to collect, use, keep and share your personal information for the purposes of confirming your identity, reviewing your insurance needs and determining suitability of our products and services for you, assessing your application for insurance, issuing and administering your policy, including assessing and processing claims, administering your investments, meeting our contractual and regulatory obligations, detecting and preventing fraud, and performing business and statistical analysis. We will not share your personal information for other purposes, except with your consent or as required or permitted by law.

We may tell you about products and services that may be of interest to you. You can tell us what information you want to receive from us and you can withdraw your consent at any time. You may access and correct, if needed, the personal information in your file by sending us a request in writing.

We limit access to your personal information to our staff and other people we have authorized who need to use it to perform their duties. This may include our third-party service providers who may use your personal information for processing, storage, analysis and disaster recovery purposes outside of Canada. They could be required by law to give your personal information to courts, governments or regulators outside of Canada. To protect your personal information, we ensure that privacy and security requirements are included in all third-party service provider contracts.

You can find more details about The Co-operators privacy policy at www.cooperators.ca. If you have any questions regarding our privacy policies or about how we collect, use, keep and share your personal information, please contact our Privacy Officer at The Co-operators at 1-888-887-7773, or by e-mail: privacy@cooperators.ca

3. PLAN MEMBER SIGNATURE

To be signed by the Plan Member and Spouse (if applicable)

I declare and certify that I am aware Co-operators Life Insurance Company is relying on the representations I make in this declaration to classify me as a Smoker/Non-Smoker and to set the premiums I pay for my life insurance. I am aware that, in the event I have misrepresented my status as a Smoker/Non-Smoker, Co-operators Life Insurance Company may be entitled to void my life insurance policy(ies).

Plan Member Signature _____ Date _____ (MMM/DD/YYYY)

Spouse Signature (if applicable) _____ Date _____ (MMM/DD/YYYY)