



NON-SMOKING DECLARATION

Please complete this form in duplicate and print clearly, in INK.

POLICY HOLDER INFORMATION

MEMBER SURNAME		GIVEN NAME		INITIAL
CERTIFICATE NUMBER		STREET ADDRESS		
CITY	PROVINCE	POSTAL CODE	TELEPHONE ()	
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married/Common-law	SPOUSE'S NAME (Only if spouse's smoker status is changing)			

DECLARATION

I, the member, hereby declare that:

- I have not smoked
(i.e. cigarettes, cigars, pipe etc.) or used tobacco in any form within the last TWELVE consecutive months.
- My spouse has not smoked
(i.e. cigarettes, cigars, pipe etc.) or used tobacco in any form within the last TWELVE consecutive months.

I, the undersigned, certify that the foregoing is true and I understand that if it contains any misrepresentation, any insurance arising from the above Group Contract shall be null and void.

I AUTHORIZE:

- Coughlin the use of my Social Insurance Number for the purposes of government reporting, identification and administration of my group benefits;
- Coughlin to exchange my personal information with the following persons, organizations or parties: Health care providers; financial institutions; government agencies; insurance companies; employers or former employers; my local union or plan trustees and auditors; and
- Coughlin to use the personal information on file to provide me with additional information regarding any benefits to which I am entitled.

When providing personal information for my spouse and/or dependants, I confirm that I am authorized to act on their behalf. I agree that a photocopy or electronic copy of this Authorizations & Declarations section is as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge.

Member's Signature _____

Date(y/m/d) _____

Protecting your personal information The administrator of your group benefit plans is Coughlin & Associates Ltd. At Coughlin, we recognize and respect every individual's right to privacy. When personal information is provided to us, we establish a confidential file that is kept in the offices of Coughlin, or the offices of an organization authorized by Coughlin. We use the information to administer the group benefits plan. We limit access to information in your file to Coughlin staff or persons authorized by Coughlin who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law.