APPLICATION FOR NON-SMOKER RATE

Name of Insured _____

Date of Birth _____

Policy Number(s) 335330

Name of Group Policyholder Doctors Manitoba

		YES	NO
I	Do you now, or have you smoked any cigarettes within the past 12 months?	☐	☐
II	In the past 2 years have you been treated for or had any indication of heart disease, stroke, cancer, or any respiratory disease or disorder?	☐	☐

If yes, give details _____

_____

_____

I declare that my answers and statements are true and complete to the best to my knowledge and belief.

_____
Signature of Witness

Date _____

_____
Signature of Insured