dollar
INSURANCE®

non smoking declaration

Please answer all questions and sign and date this questionnaire so we can review and process your change.

Dollar Insurance products are underwritten by Momentum Life Limited (Momentum Life), who is responsible for assessing and paying claims.

Part A: Your details

First name:	Surname:
Date of birth: ☐☐ / ☐☐ / ☐☐☐☐	Policy number:

Part B: Questionnaire

		Yes	No
1.	**During the last 12 months, have you smoked tobacco, e-cigarettes or any other substances, or used nicotine replacement products (eg. patches, gum or medication)?**	☐	☐
	If 'yes', please state type and quantity per day:		
2.	**Have you been told to stop smoking for specific medical reasons?**	☐	☐
	If 'yes', please provide full details including any test results and reasons:		
3.	**Do you have or has your medical practitioner told you that you have a medical condition - caused by or made worse by smoking?**	☐	☐
	If 'yes', please provide full details including any test results and reasons:		

Part C: Doctor's details

4.	If you answered 'Yes' to question 3, please add the name and address of all doctors, specialists, hospitals or other health professionals you've had appointments with for smoking-related medical conditions and the date of your most recent visit with them:
(i)	Name & speciality:
	Phone: Date seen: / /
	Doctor's address:
(ii)	Name & speciality:
	Phone: Date seen: / /
	Doctor's address:
(iii)	Name & speciality:
	Phone: Date seen: / /
	Doctor's address:
(iv)	Name & speciality:
	Phone: Date seen: / /
	Doctor's address:

Please provide any additional information that could help us to review your application:

Part D: Declaration

I declare that I have read and understood my duty of disclosure, and the answers given in this questionnaire are true and correct and shall form part of my application for insurance. I also understand that lying or not telling Momentum Life about any important information related to my policy may be a reason they don't approve any future claim. The information (including personal and medical information) in this form may be used or shared in the manner set out in Dollar Insurance's Privacy Policy – dollarinsurance.co.nz/privacy-policy.

Your signature:

Date: / /

Please return your completed form to Dollar Insurance. You can either:

Scan & email to customersupport@dollarinsurance.co.nz (please put 'CONFIDENTIAL, Policy Owner's surname, Policy Number' in the subject line); **OR**

Mail to Customer Support, Dollar Insurance, PO Box 99892, Newmarket, 1149 (please mark the envelope as CONFIDENTIAL).