Tobacco Usage Questionnaire

Policy # (if known): _____

☐ **American General Life Insurance Company,** 2727-A Allen Parkway, Houston, TX 77019
☐ **The United States Life Insurance Company in the City of New York,** 28 Liberty Street, 45th Floor, New York, New York 10005-1400

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Proposed Insured

First Name _____ MI _____ Last Name _____ Date of Birth _____ Social Security # _____

1. Do you use any of the following?

	Current User Yes or No	Date last used (mm/yy)	Quantity per day?	How many years used?
a. Cigarettes	☐ Yes ☐ No			
b. Cigars, cigarillos	☐ Yes ☐ No			
c. Electronic cigarettes	☐ Yes ☐ No			
d. Pipe	☐ Yes ☐ No			
e. Chewing tobacco/snuff	☐ Yes ☐ No			
f. Other tobacco/nicotine and/or similar products: (please specify, e.g., hookah, nicotine gum, nicotine patches, betel nut)	☐ Yes ☐ No			

2. If you have been a cigarette user in the past:
   a. When did you quit smoking cigarettes? _____ Date:_____
   b. Why did you quit?
      i. Medical reasons? ☐ Yes ☐ No
      If yes, please give full details including dates, names and addresses of physicians consulted:_____
      _____
      _____

      ii. Other reasons? Please specify: _____
      _____
      _____

Agreement: I hereby declare that all statements and answers to the above questions are complete and true to the best of my knowledge and belief. I agree that they and this questionnaire shall form a part of my application for insurance. I agree that my failure to disclose any material fact known to me may invalidate the contract.

Proposed Insured Signature

X

Signed at (city, state) _____

Signed on (date) _____