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) _____