

Update smoker status

Use this form: To advise SuperLife of your current smoker status for the purposes of calculating any life insurance premiums.
Send completed form to SuperLife Limited.

SL00013 10.05.16

Your details

SuperLife number

Name:

Date of birth: / /

Email:

Phone: ()

Address:

Post code:

Smoker status

I advise that (*tick one*) I **have** smoked in the 12 months before completing this form.

I have **not** smoked in the 12 months before completing this form.

Your signature: _____

Date: / / (*dd/mm/ccyy*)

