Smoker, non-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 at superlife@superlife.co.nz or post to us at P.O. Box 105262, Auckland 1143.

SL00014 09.11.2016

Your details	
SuperLife number or IRD number	
Name: Date of birth: / / (a	ld/mm/yyyy)
Email: Phone: ()	
Address: Post code:	
Smoker status	
I advise that I am a (tick one) Smoker: I have smoked in the 12 months before completing this form.	
Non-smoker: I have not smoked in the 12 months before completing this form.	
I also declare:	
1. I have no intention of smoking in the future.	
 I did not stop smoking because of advice from a medical practitioner that I should stop. 	
I understand that if, in the event of a claim, some aspect of my declaration is found to be incorrect, the insurer may reduce the amount of the insurance payable or retrospectively re-calculate the premiums that I should have paid had the insurer known the correct information.	
Your signature: Date: / /	(dd/mm/yyyy)
Witness	
If you have declared yourself to be a non-smoker, this declaration must be witnessed. The witness must be a member.	non-family
Name:	
Address:	
Post c	ode:
Contact phone: ()	
Signature: Date: / /	(dd/mm/yyyy)