

Non-Smoker Declaration Form



You should fill out this form if you have ceased smoking for 12 months and you would like your policy to reflect this.

1 Policy/Plan details

Policy/Plan number(s)

Full name of Life Assured

2 Your declaration and signature

I declare that:

I have not smoked tobacco or any other substances, and/or used smoking alternatives, for example: e-cigarettes, vaping, nicotine gum or patches, within the previous 12 months and I have no intention of restarting.

Where the above policy has been issued with smoker premium rates, I request that premiums be adjusted to reflect the change in my smoking status.

I understand that non-smoker premium rates are calculated on the assumption that the Life Assured has not smoked within the 12 months prior to the date of this declaration.

I understand that AIA may alter or avoid my policy if this declaration is given incorrectly, in according with my policy wordings.

I understand that the information I provide on this form will be collected and used in accordance with AIA's Privacy Statement, available on its website www.aia.co.nz/privacy or in writing upon request.

Name

Signature of Life Assured

Date

DD/MM/YYYY

3 Returning your form

Please check that all details are correct, then return this form to Private Bag 92499, Victoria Street West, Auckland 1142.

If you have any questions please call our Customer Relationship Team on **0800 500 108**, between 8.00am and 6.00pm, Monday to Friday.

