The Company You Keep®

Underwritten by:
New York Life Insurance Company
51 Madison Avenue
New York, NY 10010

Send this completed form to:

Administrator, IEEE Group Insurance Program
PO Box 10374
Des Moines, IA 50306

QUESTIONS?
Call: 1-800-493-IEEE (4333)

IEEE GROUP TERM LIFE AND/OR LEVEL TERM LIFE TO AGE 65 INSURANCE PLANS

NONSMOKER DECLARATION

If you wish to request nonsmoker rates for coverage under this plan for yourself and/or spouse, please complete this Declaration Form and mail it to the Administrator at the address shown above.

Account number: _____

Member's name: _____
FIRST MI LAST

Spouse's name: _____
(if insured) FIRST MI LAST

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home (_____) _____ Work (_____) _____

Member's Social Security Number: _____- _____- _____

Date of Birth: Member _____ Spouse _____
MO./DAY/YR. MO./DAY/YR.

Smoking Status:

1. Have you used tobacco or nicotine in any form, including nicotine patches and nicotine chewing gum, within the past 12 months? ☐ Yes ☐ No
   If "Yes," when did you last use tobacco or nicotine products?____/_____
   Month Year
2. Has your spouse (if insured) used tobacco or nicotine in any form, including nicotine patches and nicotine chewing gum, within the past 12 months? (Your spouse must also sign below in order to request the nonsmoker spouse rate.) ☐ Yes ☐ No
   If "Yes," when did your spouse last use tobacco or nicotine products? _____/_____
   Month Year
3. Do you understand that these answers may result in a reduced premium and, if such answers are not true, premium contributions will be adjusted to satisfy the higher smoker rates? ☐ Yes ☐ No

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I declare that the information provided in this Declaration is true and complete.

Member's Signature: _____ Date: _____
MO./DAY/YR.

I declare that the information provided in item 2 of this Declaration is true and complete.

Spouse's Signature: _____ Date: _____
MO./DAY/YR.