To	bacco	Usage	Que	estio	nnaire
Policy	# (if k	(nown):			
-		I	lew	York	Version

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 named 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.

First Name N	II Last Name	Date of	Birth So	Social Security #	
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				
If yes, please give full details in					
ii. Other reasons? Please specify:	·				
ii. Other reasons? Please specify: dgreement: I hereby declare that all state and belief. I agree that they and this questions.	ements and answers to t Juestionnaire shall form	he above questions are o	complete and true	to the best of my knowl	
ii. Other reasons? Please specify: Agreement: I hereby declare that all state and belief. I agree that they and this quisrepresentation of fact by me may inva	ements and answers to t Juestionnaire shall form	he above questions are o	complete and true	to the best of my knowl	
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