



Trinity Life Insurance Company

ADMINISTRATIVE OFFICE: PO BOX 5205 • FRANKFORT, KY 40602-5205
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TOBACCO USE QUESTIONNAIRE

Name: _____ Date of Birth: _____

1. In the past 12 months I have used tobacco products as follows:

- Cigarettes # _____ per day # _____ per week # _____ per month
- Cigars # _____ per day # _____ per week # _____ per month
- Pipe # _____ per day # _____ per week # _____ per month
- Chewing # _____ per day # _____ per week # _____ per month
- Smokeless # _____ per day # _____ per week # _____ per month

2. In the past 24 months my use of tobacco has changed as follows:

3. Have you used the above tobacco products regularly at any time during your life? Yes No

If Yes, describe your regular use and for how long: _____

4. Are you currently using a nicotine patch or other nicotine product to help you quit smoking? Yes No

WARNING: Any person who, with intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements is guilty of insurance fraud.

I hereby verify that the above questions have been answered by me fully, completely and truthfully to the best of my knowledge.

Signature of Applicant:

Date:

Witness:

Date:

Completion of this form does not constitute a contract and is for company use only.