

# PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

P.O. Box 830619  
Birmingham, AL 35283-0619

## INDIVIDUAL LIFE INSURANCE - TOBACCO USE QUESTIONNAIRE

Supplemental Application For Rate Reclassification To Non-Smoker or Tobacco Class

Name: \_\_\_\_\_ Policy No(s): \_\_\_\_\_

Mailing Address (Street, City, State, Zip Code): \_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Email Address: \_\_\_\_\_

- a) Last use of tobacco in any form:  
 Within one year       1-3 Years       3-5 Years

Type:

- Cigarettes       Cigars       Chewing Tobacco or Snuff       Pipe  
 Nicotine Gum       Nicotine Patch

Date last used: \_\_\_\_\_

- b) Within the past 10 years, have you been treated by a physician for any heart disorder, stroke, cancer, emphysema, chronic bronchitis, asthma, or any disease of the lungs? Yes  No   
(If yes, give name and address of physicians seen, medications being taken and dates of visit.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above statements and answers are true and complete to the best of my knowledge and belief. I agree that such statements and answers shall be attached to, made part of, and considered the basis of any insurance issued.

Signed at: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(City/State)

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Signature of Agent/Witness

\_\_\_\_\_  
Signature of Owner If Other Than The Insured