Bajaj Allianz Life Insurance Company Limited
GE Plaza, Airport Road, Pune- 411 006. Tel(+91 20) 6602 6777, Fax (+91 20) 40111640

Smoking Questionnaire

INSTRUCTIONS FOR FILLING UP THE FORM:-

1. This form is to be filled by the **Proposer** himself/herself in BLOCK LETTERS in black or blue ink.
2. Please tick a box thus ☑ where appropriate.
3. Please strike out parts, which are not applicable and write 'N.A.'. Strokes of the pen, dots and dashes will not be accepted as replies.
4. Form filling person must affix his/her full signature for any cancellation/correction/alteration.
5. Form filling person must affix his/her full signature on each page / side of the form.

(This statement should be completed by the person to be assured.)

Application Number: _____ Date: _____

Proposal Number: _____

Life Assured's Name: _____

Proposer _____

Date of Birth :_____

Please answer each question and where appropriate provide particulars.

1. Do you consume tobacco in any of the following form? :- Yes / No

Form/type :	Cigarettes/Bidi	Chew (Gutkha,Mava, raw tobacco)	Cigar	Pipe/Hukka	Others (pls specify)
How much :	_____ sticks/ day	_____ gm / day	____ times a day	____ times a day	_____ / day
How many years:	_____ years	_____ years	_____ years	_____ years	_____ years
Brand / Name of maunufacturer					

2. Please mention the year since you developed this habit (first consumption):- _____

3. a) Have you ever received medical or any treatment for excessive smoking? :- Yes / No
   b) If 'Yes', please provide copy of medical reports.

4. a) Have you made any attempts to give up the habit? :- Yes / No
   b) If 'Yes', with what method and what was the results? :-_____

5. a) Do you have a history of Depression or Anxiety? :- Yes / No
   b) If 'Yes', Please specify :-_____

I hereby declare that the above answers and statement are true and complete and agree that this questionnaire together with the proposal dated _____ shall form part of the contract between me and the company.

Place : _____

Date : _____ Signature of Life Assured

Please enclose self attested copy of all past & present medical records including Investigation reports.