UV INSURANCE

INDIVIDUAL INSURANCE

Tobacco Use Questionnaire

EQC063

Important: Fill out in block letters and answer each section as accurately as possible.

Section A – Collection, Use and Disclosure of Personal Information

The personal information we collect in this form allows UV Insurance allows us to make a decision about your insurance application.

The personal information is used to:

- Identify the individual
- Establish and update information and the needs of the individual, as appropriate
- Comply with legal and regulatory requirements, including tax rules and the prevention, detection and enforcement of offences, cyber threats and fraud.

The information disclosed on this form will be forwarded to the UV Insurance staff in charge of processing the claim, as well as to any other person authorized by law.

Section B – Insured's Information

1. Application or contract number _____
2. Insured's first name _____ Last name _____
3. Date of birth Y M D

Section C – Questionnaire

1. In the past twelve (12) months, have you used cigarettes, cigarillos, e-cigarettes (with or without nicotine), small cigars, pipe or chewing tobacco, shisha, beta nuts, nicotine patches, smoking cessation products or tobacco in any other form? ☐ Yes ☐ No

   If **Yes**, specify the quantity per day and for how long:

2. **If you used to smoke and no longer smoke, answer these questions:**

   a) When did you stop smoking? Y M D

   b) Why did you stop smoking?

   ☐ On the advice of the physician Specify _____

   ☐ Other reasons Specify _____

Section D – Consent and signature

By signing, you understand that if any of your personal information is inaccurate, incomplete or ambiguous, you may request a correction by submitting a request to UV Insurance. You also have the right to request information about how your personal information is used.

In addition, you may withdraw your consent to the disclosure or use of your personal information at any time by making a request to the UV Insurance Privacy Officer at the following address: 1990 Jean-Berchmans-Michaud Street, Drummondville, QC J2C 7G7.

For further details, please visit our website and consult our **Privacy Policy.**

The undersigned confirms that they have reviewed the above information and agree to the collection, use and disclosure of the personal information contained herein.

By signing below, the undersigned certifies that the information provided is complete and true and that a photocopy of this document has the same value as the original.

X _____ **X** _____ Date Y M D

Signature of person to be insured

Owner's signature (required if insured under age)

Send the form to the following email address: ind.client@uvinsurance.ca

P.O. Box 696, Drummondville (Quebec) J2B 6W9 ■ Phone: 819 478-1315 ■ Toll-free: 1 800 567-0988 ■ Fax: 819 474-1990

UV Insurance is a registered trademark of The Union Life Mutual Assurance Company.