LIFE INSURANCE TOBACCO/NICOTINE DESIGNATION CHANGE FORM

ASSURITY LIFE INSURANCE COMPANY

4000 Pine Lake Road • P.O. Box 82533 • Lincoln, Nebraska 68501-2533 • Telephone: (402) 434-9500 (800) 573-9144

PLEASE PRINT IN DARK INK. THE APPLICANT MUST INITIAL ANY CROSS OUTS.

EMPLOYEE INFORMATION

Name *(Last)* *(First)* *(MI)*		Social Security No.
Campus Address *(Address)* *(City)* *(State)* *(ZIP)*		
Campus Phone ( )	E-Mail Address	Personnel No.

Campus Location: ☐ UNL ☐ UNMC ☐ UNO ☐ UNK ☐ UNCA ☐ ANCL

DESIGNATION CHANGE

Have you used any form of tobacco or nicotine, including nicotine substitutes *(e.g. patches or gum)* within the last 12 months?

☐ YES ☐ NO If NO, date quit using tobacco/nicotine _____ **OR**, ☐ Never Used

ACKNOWLEDGEMENT

FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I agree and acknowledge:

Any material misrepresentation made by me on this form, including my tobacco/nicotine use history, may void the insurance, pursuant to the Incontestable Clause of the policy.

_____ _____

Signature of Applicant Date