Change of Smoking Status

Group Policy # 901102

1. MEMBER INFORMATION

Service Number (SN) | Rank | Surname | First Name | Initials

Mailing Address

PO Box, Rural Route, etc.

City | Province | Postal Code

( ) Home Phone # | ( ) (circle) work/cell phone/pager #

CHECK ONE ONLY:

- ☐ Regular Force
- ☐ Released
- ☐ Reserve

2. SMOKING STATUS

Have you smoked a cigarette in the last 12 months? Member: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

** Please note that you are not required to notify us of a resumption in smoking unless you are also making changes to your coverage(s).

3. REFUND OF PREMIUM — APPLIES TO REGULAR FORCE OGTI COVERAGES ONLY

If a change of status from smoker to non-smoker, give the date you ceased smoking cigarettes. Non-smoking refunds are restricted to a maximum of three years from date of receipt of the request. Eligibility for a refund begins after the Insured has been "cigarette smoke-free" for a period of one year.

Date you last smoked a cigarette? Member: Day Month Year Spouse Day Month Year

4. SIGNATURE(S)

Declaration and Authorization by Applicant

a. I certify that all information given on this form is complete and true in every respect;
b. I authorize SISIP Financial Services, Manulife Financial or its reinsurers, for underwriting, administration of insurance and claims paying purposes, to gather only the necessary information for the object of the file, from any person or organization that has personal information relating to me;
c. I also authorize SISIP Financial Services, Manulife Financial or its reinsurers, to disclose only the necessary personal information they have on me to the same persons or organizations specified in paragraph b.

The information provided on this form is protected from unauthorized disclosure under *Canada's Privacy Act* and is available to you upon request.

Member's Signature (Mandatory) | Day Month Year

Spouse's Signature (Required if spouse stopped smoking) | Day Month Year

Regular Force Members, Please return to:

SISIP Financial Services
National Defence Headquarters
4210 Labelle Street
Ottawa, ON K1A 0K2

Reserve Force & Released Members, Please return to:

Manulife Financial
SISIP Services
PO Box 1030, 2727 Joseph Howe Drive
Halifax, NS B3J 2X5

5. APPROVING AUTHORITY

- ☐ Refund Approved
- ☐ Refund Not Approved

President, SISIP FS | Day Month Year

6. ALLOTMENT ADVICE (SISIP FS OFFICE USE ONLY)

Pay Allotment Code	Effective Date of Allotment	Premium	Voucher #

Actioned by:

Day Month Year

SISIP FS INS 14E

For more information, please call 1-800-267-6681
or visit www.sisip.com

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