



Tobacco User Affidavit

Do you smoke or use tobacco products or have you smoked or used tobacco products during the 12 months immediately preceding the date of this application. If you answered NO you are eligible for the Non Tobacco-User Rate.

You understand that if this status changes, you must notify ICHA immediately. You may be required by us to re-certify this status in the future.

If we determine that this status is incorrect, we will retroactively collect historical differences in premiums before claims will be paid and we will start applying the Tobacco-User rate.

“Smoke or use tobacco products” for purposes of this affidavit means any use of cigarettes, pipes, cigars or any other tobacco products regardless of the number of times, frequency or method of use.

YES NO

Date: _____ Printed Name: _____ Signature: _____

For applicants under the age of 18: I am the custodial parent / legal guardian of the applicant. I declare that the above statements of or on behalf of the applicant are true.

Date: _____ Printed Name: _____ Signature: _____