Declaration of Tobacco Status
Smoker to Non-Smoker

GROUP BENEFIT SOLUTIONS

CLEAR FORM

MAIL OR FAX TO: NYL GBS Customer Service Center
Administered by Infosys McCamish Systems, LLC
PO Box 14577
Des Moines, IA 50306-3577
1.800.828.3485
Facsimile 1.877.435.7181
Collect 515.243.1776 from
Alaska or Outside the U.S.A.

GROUP UNIVERSAL LIFE INSURANCE COVERAGE

This form must be completed, signed and dated by the Insured who has stopped smoking and is requesting a rate status change from **SMOKER TO NON-SMOKER** rates. No rate reduction can occur until this form is returned for processing

Owner's Name
*Insured's Name ***(Name of person who has changed from Smoker to Non-smoker)***

*Insured's Social Security No.:	*Insured's Certificate No.:

I certify that I, _____ (*Insured's Name), have not used **any** form of tobacco (which includes but is not limited to cigarettes, cigars, pipes, chewing tobacco, etc.) since _____ (month/day/year) **and** that I have been tobacco free during the past 12 months. Please change my status from Smoker to Non-Smoker under my Group Universal Life Insurance coverage and adjust the rates accordingly. I understand that if I again become a smoker at a later date, I am obligated to inform NYL GBS, and should I not do this, the death benefit otherwise payable on my behalf may be reduced by the amount of additional premium required for the face amount for smoker based rates. I certify that this statement is true and complete.

*Insured's Signature		Date:	
Address:	City:	State:	Zip Code:
Telephone Number(s): (Home) (Work)			

Return this completed form to the NYL GBS Customer Service Center at the address provided above.

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