Life Insurance
Nonsmoker Certification

To qualify for the nonsmoker's discount, you **and** your spouse (if he or she is covered under Part B Basic or Spouse's Supplemental) must **not** have smoked cigarettes, cigars, or pipes, or used chewing tobacco or nicorette gum within the past 12 months.

I certify that I have not smoked cigarettes, cigars, or pipes, or used chewing tobacco or nicorette gum within the past 12 months.

Subscriber's First Name | Middle | Last Name | Social Security Number

Subscriber's Signature | Date

Spouse's Signature | Date

Please Note:
ReliaStar Life Insurance Company reserves the right to reduce claims payment if false information is submitted or you fail to notify us that you are no longer eligible for the nonsmoker's discount.

Please return this completed form to your personnel, payroll, insurance, or benefits office. The nonsmoker rate will be effective the first of the month following the signature date.

Washington State Health Care Authority
Public Employees Benefits Board