



Fax or Mail to:
BeniComp Advantage, Inc
 ATTN: Appeals Department
 8310 Clinton Park Drive
 Fort Wayne, IN 46825
Fax: (260) 482-8991

Tobacco/Nicotine Use Affidavit
 Addendum to BeniComp Advantage Application

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

EMPLOYEE INFORMATION			
Name (Last)	(First)	(MI)	Social Security No.
Home Address	City	State	Zip Code
Home Phone	Alternate Phone <input type="checkbox"/> Cell <input type="checkbox"/> Work	E-Mail Address	
Employer Name and Division (if applicable)		Employer Location	

EMPLOYEE AFFIDAVIT
<p><i>Check the statement that best describes you:</i></p> <p><input type="checkbox"/> I hereby attest that I <u>have used</u> tobacco or nicotine, including nicotine substitutes (such as patches or gum) within the last 90 days.</p> <p align="center"> <input type="checkbox"/> Nicotine products (cigar, cigarettes, pipe, chew, snuff, etc.) <input type="checkbox"/> Nicotine supplements (nicotine patch, gum etc.) </p> <p><input type="checkbox"/> I hereby attest that I <u>have not used</u> any form of tobacco or nicotine, including nicotine substitutes (such as patches or gum) within the last:</p> <p align="center"> <input type="checkbox"/> 90 Days <input type="checkbox"/> 12 Months <input type="checkbox"/> 2 Years or Never </p> <p>If tobacco or nicotine used in the past, indicate date quit: _____</p>

ACKNOWLEDGEMENT
<p>FRAUD NOTICE</p> <p>Any person who knowingly and with intent to injure, defraud, or deceive any insurer, or other person files a statement of claim or an application for insurance containing any false, incomplete, or misleading 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 applicable to state laws.</p> <p>I agree and acknowledge:</p> <p>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.</p> <p>_____</p> <p align="center">Signature of Applicant</p> <p>_____</p> <p align="center">Printed Name</p> <p>_____</p> <p align="center">Date</p>