



DECLARATION OF SMOKING STATUS

Instructions:

- Use this form to declare your current smoking status.
- This declaration form must be completed by the STF Optional Life Insurance, Portaplan, policyholder. In order to qualify for reduced non-smoker benefit rates, smoking materials, including vaping products and e-cigarettes tobacco, or smoking cessation aids in any form must not have been used within the last 12 months. If your smoking status changes, you must inform Portaplan as soon as possible so your premiums can be adjusted accordingly.
- Complete all sections and return the signed form by email, fax or mail to Portaplan.
- If you require assistance completing this form, please call Portaplan at 306-373-1660 or 1-800-667-7762, or email portaplan@stf.sk.ca.

Return completed form to:

Portaplan
 2317 Arlington Avenue
 Saskatoon, SK S7J 2H8
 Fax: 306-374-1122
 Email: portaplan@stf.sk.ca

Policyholder InformationName of Plan: **Portaplan (Saskatchewan Teachers' Federation Optional Life Insurance Plan)**

Portaplan Policy Number

Policyholder's Last Name

Policyholder's First Name

Initial

Home Mailing Address

City/Town

Province

Postal Code

Phone

Preferred Non-Employer Email Address

Declaration by Policyholder**I, the policyholder, hereby declare that (check one box):**

- I have **not** smoked (cigarettes, cigars, pipe, e-cigarettes, or any vaping products*) or used tobacco in any other forms or any smoking cessation aids within the last 12 months.
- I **have** smoked (cigarettes, cigars, pipe, e-cigarettes, or any vaping products*) or used tobacco in any other forms or any smoking cessation aids within the last 12 months.

*Please note that all vaping, whether it contains nicotine or not, is considered smoking.

I declare that the statement above is complete and true and shall form part of my application for insurance on my life (or for reinstatement or for change in my present insurance) with Portaplan.

I understand that if I do not fully, completely and truthfully complete this declaration or if I misrepresent my smoking status the insurer may void the policy.

I agree a photocopy or electronic version of this declaration is valid.

Policyholder's Signature (computer generated signatures are not accepted)

Date Signed (Day/Month/Year)

Privacy

The Saskatchewan Teachers' Federation is committed to protecting your privacy and confidentiality of personal information. Your personal information is collected to identify you as a policyholder and to update our database as required.

All personal information provided to Portaplan is kept strictly confidential and handled in accordance with the STF Operational Privacy Policy. For a copy of the STF Operational Privacy Policy or if you have questions about privacy and confidentiality, please contact the STF Privacy Officer at privacyofficer@stf.sk.ca.

Office Use

Date Received (DD/MMM/YYYY)

Date Updated (DD/MMM/YYYY)