LIFE INSURANCE CORPORATION OF INDIA
AURANGABAD DIVISION OFFICE

QUESTIONNAIRE REGARDING TOBACCO CONSUMPTION

Name of the Life Assured:

_____

1. Are you consuming or have you in the past consumed tobacco in any form?
   If 'Yes', please indicate whether you
   I) Smoke/smoked – Bidis, cigarettes, pipe, chillim,
   Hukka, Cherrots/ Cigars? (Yes/ No)
   Or ii) Chew / chewed tobacco ? (Yes/ No)
   Or iii) Inhale / inhaled snuff ? (Yes/ No)
2. For how long you have been smoking (or chewing tobacco
   Or using snuff)? _____
3. What is your approximately daily consumption of tobacco?
   i. _____ Bidis / Cigarettes, etc.
   ii. _____ times chew tobacco.
   iii. _____ times inhale snuff.
4. Have you ever been treated for chronic bronchitis,
   Peptic ulcer, cardiac or peripheral vascular diseases,
   Ulcer in mouth, respiratory problems? If so,
   Please give details. _____
5. Have you given up the habit of consumption of
   Tobacco? If so, since when? _____

Date:

Signature of Proponent.