



The Company You Keep®

New York Life Insurance Company
1 Rockwood Road, Sleepy Hollow, NY 10591
914-846-7000

New York Life Insurance Company Smoking Questionnaire (please complete)

Applicant's Name: _____

Group/Plan: _____

Have you or your spouse (if applying for coverage) used tobacco or nicotine in any form, including nicotine patches and nicotine chewing gum, within the last 12 months?

Member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, when did you last use tobacco or nicotine products?

Member _____	Spouse _____
Mo/Yr	Mo/Yr

Signature of Applicant _____ Date _____

Signature of Spouse _____ Date _____

(required only if applying)