

# Lifestyle and Habits Disclosure Document

## Term Insurance Application

Full Name

Date of Birth

Policy/Application Number

### 1. Tobacco & Smoking Habits

Do you currently use tobacco or nicotine products (cigarettes, cigars, chewing tobacco, e-cigarettes, etc.)?

Select

If Yes, specify type(s), quantity per day, and duration (years):

### 2. Alcohol Consumption

Do you consume alcohol?

Select

If Yes, specify frequency and quantity (e.g., drinks per week/month):

### 3. Recreational Drugs & Narcotics Use

Have you ever used or do you currently use recreational drugs or narcotics (including but not limited to marijuana, cocaine, opioids)?

Select

If Yes, provide details:

### 4. Exercise & Physical Activity

How often do you engage in physical exercise or sports?

Select

### 5. Dietary Habits

Any specific dietary habits (vegetarian, vegan, high-protein, etc.)?

### 6. Sleep Patterns

Average hours of sleep per night:

## 7. Other Relevant Lifestyle Information

Any other lifestyle habits (e.g., meditation, high-stress occupation, hobbies, etc.)?

Applicant's Signature

Date

**Declaration:** I declare that the information provided above is true and accurate to the best of my knowledge. I understand that any misrepresentation or non-disclosure may result in the rejection of my insurance application or invalidation of my policy.