

LabOne ID Form

(to be completed by producer)

Lab Company Code TOS		
Regional or Home Office City Singapore	State/Province	Country
Amount of Insurance Applied For: Millions Thousands Hundreds	Individual Policy Type Life (LI) Health Medical (HI) Disability (DI)	
Agent/Agency Information		
Agent or Agency Name		Agent or Agency Number
Agent City		Agent Country
Reference/Policy/Member Number		
Proposed Insured Information		
Proposed Insured Last Name		Date of Birth
First Name		Male/Female (M/F)
Proposed Insured Street Address		Identification Number
Proposed Insured City		Province
Proposed Insured Country		
<p>1) Do you use tobacco in any form (cigarettes, cigar, etc.)? (Y/N)</p> <p>2) If no, how long since you last used any form of tobacco or nicotine? (months/never)</p> <p>3) If yes, what type of product(s) have you used? (cigarette/cigar/pipe/smokeless)</p> <p>4) Are you currently using any type of nicotine delivery system (gum, patch, nasal spray etc.)? (Y/N)</p>		