

# No Nicotine Affidavit



**Request to reclassify a Level Term I or Value-Added Whole Life insurance policy as non-nicotine.**

*If you have questions, contact AAFMAA Policy Services at 1-800-336-4538.*

<b>1. INSURED</b>	Policy Number
	Social Security Number

<b>2. SIGNATURE</b>	
I hereby certify that I have not used any cigarettes, cigars, pipes, snuff, chewing tobacco, nicotine gum or other nicotine delivery system in the last 12 months.	
Insured Signature	Date Signed (mm/dd/yyyy) / /