

1. Are you currently actively at work performing the material and substantial duties of your occupation (include vacation time as being actively at work)?.....
2. If you answered "no" to question 1, are you retired or on parental or maternity leave?.....
3. In the past 12 months, have you used cigarettes, e-cigarettes, more than one large cigar per month, water pipes, betel nuts more than once a month, smoking cessation products or nicotine or tobacco in any other form?.....
4. Do you have an active and progressive sickness for which curative treatment is not possible or not appropriate and from which a medical doctor states that death is expected within 12 months?.....
5. Do you currently have the total loss of: your power of speech, or your hearing in both ears, or sight in both eyes, or the use of both hands, or the use of both feet, or the use of one hand and one foot?

If Yes to question 5, please provide details: