



Dear Member

This letter is in response to your recent inquiry about a non-smoking discount. A special discount off our regular rates is available to you or your spouse if you have not smoked or used tobacco products within the past 12 months.

To receive this discount, please fill out and sign the form at the bottom of the page and return it to:

Asuris
Attn: Membership
PO Box 1107
Lewiston, ID 83501

If we receive it by the 10th of the month, your discounted rates will be effective on your next regular billing.

Sincerely,

Member Services

NON-SMOKER CERTIFICATION STATEMENT

I CERTIFY THAT I HAVE NOT SMOKED CIGARETTES, CIGARS, PIPES, OR USED CHEWING TOBACCO, SMOKELESS TOBACCO OR ANY OTHER FORM OF TOBACCO OR RELATED DRUG SUBSTANCE WITHIN THE PAST 12 MONTHS.

Name of Subscriber

Identification Number

Name of Spouse

Identification Number

Home Phone

X _____
Subscriber Signature

Date

X _____
Spouse Signature

Date

PLEASE NOTE: The Company reserves the right to cancel coverage and collect claims payments or other damages if false information is submitted. If you fail to notify us you are no longer eligible for the non-smoker discount, we reserve the right to change the non-smoker discount to the regular rate.