

Alcohol/Drug Questionnaire

Name of Proposed Insured: _____ Policy No.: _____
 NRIC/SSN/Passport No.: _____ Date of Birth: _____

Drug Usage Questionnaire

1. Please check if you are now using or have in the past used the following:
- a. Opium derivatives: Heroin Morphine Demerol Methadone
 - b. Barbiturates: Amytal Phenobarbital Seconal Nembutal
 - c. Marijuana: Hashish Cannabis
 - d. Amphetamines: Benzedrine Dexedrine Methedrine
 - e. Hallucinogens: LSD DMT Mescaline Peyote Psilocybin
 - f. Cocaine Crack Methamphetamine Ecstasy OxyCotin
 - g. Other (*Explain*): _____
 - h. Have you ever used any drug by IV injection? Yes No If yes, give dates and details.

2. If yes, please give details:

Type(s)	Usual Quantity	Frequency of Use	Dates Used	
			From	To

3. Have you ever sought medical treatment because of drug usage? Yes No If yes, give dates and names of physicians and institutions consulted: _____
4. Have you ever been unable to work or lost a job due to excessive use of any drug? Yes No If yes, give dates and details: _____
5. Have you ever participated in or attended meetings for your drug abuse? Yes No If yes, give dates and details: _____
6. Have you ever been arrested or charged in connection with use of illegal drugs? Yes No If yes, give dates and details: _____
7. Have you ever been treated at an emergency room or urgent care center for any drug use or drug related injury occurrence? Yes No If yes, please give dates and reasons: _____
8. Please add any additional information which you feel is important. If additional space is needed, attach an additional sheet of paper. _____
9. Please complete Alcohol Usage Questionnaire.

It is represented that the statements and answers given in this Questionnaire are true, complete and correctly recorded. It is agreed that this Questionnaire will be attached to and made part of the Application to the Company for insurance on the life of the Proposed Insured.

Signed at _____ on _____
City, Country Date (mm/dd/yyyy)

 Signature of Proposed Insured

 Witness to Signature of Proposed Insured

