financial life insurance

200 N. Martingale Rd., Ste. 405
Schaumburg, IL 60173
847-342-4500
info@1891FinancialLife.com
www.1891FinancialLife.com

DRUG USE QUESTIONNAIRE

TO BE COMPLETED BY THE PROPOSED INSURED
PROVIDE DETAILS FOR ANY POSITIVE RESPONSE

Name of Proposed Insured: _____ DOB: _____
MM/DD/YYYY

1) Are you currently using or have you ever used or abused illegal or controlled substances? Check all drugs used or write in name of drugs if not listed:

☐ opium derivatives	☐ heroine	☐ morphine	☐ percodan	☐ demerol	☐ methadone
☐ marijuana	☐ hashish	☐ amphetamines	☐ cocaine	☐ crack	☐ barbiturates
☐ phenobarbital	☐ LSD	☐ hydrocodone	☐ codeine	☐ oxycodone	☐ vicodin
☐ hallucinogens	☐ PCP	☐ crystal meth	☐ speed	☐ librium	☐ alcohol

_____

How much? _____How often? _____Date of your first use? _____Date of your last use? _____

2) Have you ever received medical treatment by a physician, or counseling by a counselor or clergy because of drug or alcohol use? If yes, provide dates, names and addresses of all treatment facilities.

_____

_____

3) Have you within the past 5 years plead guilty to or been convicted of a driving violation due to drug or alcohol use or failed or refused to take a breathalyzer test?

_____

4) Have you ever lost your job or missed work due to drug or alcohol use?

_____

5) Have you ever plead guilty to or been convicted of a drug or alcohol related offense?

_____

6) Do you have a parent or sibling that has been treated by a member of the medical profession for drug or alcohol use?

_____

7) Have you ever received medical treatment caused by drug or alcohol use?

_____

8) Have you ever been a member of AA, NA or other support group for drug or alcohol use? If yes, provide name of group, date first attended, date last attended, how often do you attend?

_____

9) Current height and weight? _____ Weight one year ago? _____

I understand that this declaration will be relied upon by 1891 Financial Life Insurance in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere, could render the policy, if issued, voidable. I declare that the above answers are true and complete to the best of my knowledge and belief.

_____ _____
Signature of Proposed Insured Date

If age 16 or over, or Parent or Guardian if under age 16 or the age of majority required by the state where the policy is issued for delivery