



# financial life

A Fraternal Benefit Society

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## ALCOHOL USE QUESTIONNAIRE

TO BE COMPLETED BY THE PROPOSED INSURED

Name of Proposed Insured: \_\_\_\_\_ DOB: \_\_\_\_\_  
MM/DD/YYYY

1) Do you currently drink alcohol?  Yes  No

| Quantity | Beer | Wine | Liquor | Date of Last Drink |
|----------|------|------|--------|--------------------|
| Daily    |      |      |        |                    |
| Weekly   |      |      |        |                    |
| Monthly  |      |      |        |                    |
| Yearly   |      |      |        |                    |

2) Have you ever consumed substantially more than above?  Yes  No *If yes, reason reduced or quit?* \_\_\_\_\_

| Quantity | Beer | Wine | Liquor | Date of Last Drink |
|----------|------|------|--------|--------------------|
| Daily    |      |      |        |                    |
| Weekly   |      |      |        |                    |
| Monthly  |      |      |        |                    |
| Yearly   |      |      |        |                    |

3) Have you ever received medical treatment by a physician or treatment facility or counseling for by a counselor, or clergy because of alcohol use?  Yes  No *(If yes, provide dates, person or facilities' names and addresses for all treatments)*

\_\_\_\_\_

4) Have you ever been a member of AA (Alcoholics Anonymous) or other support group for alcohol use?  Yes  No *(If yes, provide details)*

\_\_\_\_\_

5) Have you ever received medical treatment, lost your job or missed work due to alcohol use?  Yes  No *(If yes, provide details)*

\_\_\_\_\_

6) Have you within the past 5 years plead guilty to or been convicted of any alcohol related crime (including DUI, DWI, and reckless driving)?  Yes  No *(If yes, provide details, dates, county arrested and if all legal issues have been resolved)*

\_\_\_\_\_

7) Are you currently using or have you ever used or abused illegal drugs, prescriptions or controlled substances?  Yes  No *(If yes, please complete Drug Use Questionnaire)*

\_\_\_\_\_

8) Please provide any additional information you feel is important concerning your use of alcohol:

\_\_\_\_\_

I understand that this declaration will be relied upon by 1891 Financial Life in determining my insurability. A false statement on this application will not prevent the right to receive the benefit unless the false statement was made with the actual intent to deceive and unless it materially affected the acceptance of the risk assumed by the insurer. I declare that the above answers are true and complete to the best of my knowledge.

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*