Drug/Alcohol Questionnaire
New York Version

The United States Life Insurance Company in the City of New York, New York, NY

In this questionnaire, the "Company" refers to the insurance company whose name is shown above.
The insurance company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue.
No other company is responsible for such obligations or payments.

Proposed Insured Information

First Name _____ MI _____ Last Name _____ Date of Birth _____ Social Security # _____

1. Do you presently use or have you ever used:
   Drug(s): ☐ yes ☐ no Alcoholic beverage(s): ☐ yes ☐ no

   If yes, indicate which of the following you use (used):
   - ☐ Amphetamines (Benzedrine, Dexedrine, Methedrine, etc.)
   - ☐ Cocaine (Cocaine, Crack, etc.)
   - ☐ Hallucinogens (LSD, DMT, Peyote, etc.)
   - ☐ IV Drugs
   - ☐ Marijuana (Hashish, Cannabis, etc.)
   - ☐ Opiates (Codeine, Heroin, Methadone, etc.)
   - ☐ Beer
   - ☐ Wine
   - ☐ Liquor

2.

	Drugs	Alcohol
Date(s) last used:		
Amount usually used:		
Frequency of use:	☐ Daily ☐ Weekly ☐ Monthly	☐ Daily ☐ Weekly ☐ Monthly
How long have you used:		

3. Have you ever received medical treatment because of:
   A. Drug(s): ☐ yes ☐ no Alcoholic beverage(s): ☐ yes ☐ no
   B. If yes, name(s) of doctor/facility, address and dates of treatment: _____
   C. Was your treatment court ordered? ☐ yes ☐ no If yes, provide details: _____
4. Have you ever joined or attended a support group (such as AA or NA) because of:
   A. Drug(s): ☐ yes ☐ no Alcoholic beverage(s): ☐ yes ☐ no
   B. If yes, name of support group and dates of attendance: _____
   C. If yes, are you still an active member of a support group? ☐ yes ☐ no
   D. Was your attendance court ordered? ☐ yes ☐ no If yes, provide details: _____
5. Have you ever been charged or convicted (including DWI, DUI, etc.) in connection with:
   A. Drug(s): ☐ yes ☐ no Alcoholic beverage(s): ☐ yes ☐ no
   B. If yes, list date, state, county, charge and current status: _____

Agreement: All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

Signed at (city, state) _____

Proposed Insured Signature **X** _____ Date _____