

Drug/Alcohol Questionnaire

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

A subsidiary of American International Group, Inc.

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

Proposed insured _____ Date of birth _____ Social Security #: _____

1. Do you presently use, or have you in the past 5 years 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.)

Beer

Cocaine (crack)

Wine

Hallucinogens (LSD, DMT; Peyote, etc.)

Liquor

IV Drugs

Marijuana (Hashish; Cannabis)

Opiates (Codine, Levoine, Methadone)

2. Date(s) last used: drugs _____ alcohol _____

Amount usually used: drugs _____ alcohol _____

Frequency of use: Daily Weekly Monthly Frequency of use: Daily Weekly Monthly

3. How long have you used them? drugs _____ alcohol _____

4. Have you ever received medical treatment because of:

Drug(s): Yes No

Alcoholic beverage(s): Yes No

If yes, name(s) of doctor/facility, address and dates of treatment: _____

5. Have you ever joined or attended a support group (such as AA or NA) because of:

Drug(s): Yes No

Alcoholic beverage(s): Yes No

If yes, name of support group and dates of attendance: _____

If yes, are you still an active member of a support group? Yes No

6. Have you ever been charged or convicted (including DWI) in connection with:

Drug(s): Yes No

Alcoholic beverage(s): Yes No

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) _____

Signature of proposed insured _____ Date _____