	Drug & Alcohol Questionnai	re
Policy	# (if known):	

☐ American General Life II☐ The United States Life II				h Floor, New York, N	Y 10005-1400	
n this form, the "Company" ref or the obligation and payment	ers to the insurance compa of benefits under any policy	ny whose name is checked that it may issue. No other	I above. The Com Company is respo	pany shown above is nsible for such obliga	solely responsiblations or payments	
Proposed Insured						
First Name	MI Last Nam	e	Date of Birth	Social Security #		
1. Do you presently use or ha	ve you ever used:					
Drug(s): \square yes	\square no	Alcoholic b	everage(s): \Box ye	s 🗆 no		
☐ Amphetamines (Ben☐ Cocaine (Cocaine, C☐ Hallucinogens (LSD,☐ IV Drugs☐ Marijuana (Hashish,☐ Opiates (Codeine, He	DMT, Peyote, etc.) Cannabis, etc.)	rine, etc.)	☐ Beer ☐ Wine ☐ Liquor			
2.	Dr	ugs	Alcohol			
Date(s) last used:						
Amount usually used:						
Frequency of use:	☐ Daily ☐ Wee	ekly Monthly	☐ Daily	☐ Weekly ☐	Monthly	
How long have you used						
 3. Have you ever received many A. Drug(s): ☐ yes B. If yes, name(s) of doct C. Was your treatment continued 	\square no or/facility, address and dat	Alcoholic bees of treatment:		□ yes		
4. Have you ever joined or atA. Drug(s): □ yes	•		□ yes	□ no		
C. If yes, are you still an a	ctive member of a support		□ yes	□ no		
 D. Was your attendance of 5. Have you ever pled guilty of A. Drug(s): ☐ yes B. If yes, list date, state, of 	•	g DWI, DUI, etc.) in conne Alcoholic be	ction with: everage(s):	□ yes	□ no	
Agreement: I hereby decla knowledge and belief. I agre to disclose any material fac Proposed Insured Signature	e that they and this questi	onnaire shall form a part				
	Signed at (city, state)					
x		Signed o	n (date)			
^						