## Drug & Alcohol Questionnaire

Policy # (if known): \_\_\_

**New York Version** 

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

28 Liberty Street, 45th Floor, New York, NY 10005-1400

In this form, the "Company" refers to the insurance company named above. The 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							
First Name		 MI	Last Name		Date of Birth	Social Securit	y #
	Do you presently use or have Drug(s):	Alcoholic bevera Beer Wine Liquor	ge(s): 🗆 yes	no			
2.	Drugs				Alcohol		
	Date(s) last used:						
	Amount usually used:						
	Frequency of use:	🗆 Daily	🗆 Weekly	Monthly	🗆 Daily 🛛 Weekly 🗌 Monthly		
	How long have you used:						
	Have you ever received med A. Drug(s):	🗆 no					
C. Was your treatment court ordered?							
	Have you ever joined or atte A. Drug(s):	🗆 no		Alcoholic be	everage(s):	□ yes	🗆 no
	C. If yes, are you still an ac	tive member of	a support grou	p?		□ yes	🗆 no
5.	<ul> <li>D. Was your attendance court ordered?  yes no If yes, provide details:</li></ul>						

**Agreement:** I hereby declare that all statements and answers to the above questions are complete and true to the best of my knowledge and belief. I agree that they and this questionnaire shall form a part of my application for insurance. I agree that any material misrepresentation of fact by me may invalidate the contract.

## Proposed Insured Signature

X

Signed at (city, state)\_\_\_\_\_

Signed on (date) \_\_\_\_\_

