

## Alcohol Use Questionnaire

First Name : \_\_\_\_\_ Last Name : \_\_\_\_\_  
 Policy Number : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

1. Do you presently consume alcoholic beverages?  Yes  No

Amount	Wine (glasses)	Beer (bottles)	Liquor (ounces)
Daily			
Weekly			
Monthly			
Yearly			

2. Did you ever consume more than outlined in question 1?  Yes  No

Amount	Wine (glasses)	Beer (bottles)	Liquor (ounces)
Daily			
Weekly			
Monthly			
Yearly			

3. If you have answered "yes" to question 2, please complete the following:  
 a) date and reason for reducing your alcohol consumption: \_\_\_\_\_  
 b) date and reason for discontinuing alcohol consumption: \_\_\_\_\_

4. Have you ever consulted a doctor or received treatment because of alcohol or alcohol abuse?  Yes  No  
 If yes, indicate the dates and name of physicians, hospitals or treatment centers involved. \_\_\_\_\_  
 \_\_\_\_\_

5. Have you ever lost your job, been charged with impaired driving, or been arrested due to the influence of alcohol?  Yes  No  
 If yes, please give details: \_\_\_\_\_  
 \_\_\_\_\_

6. Are you an active member of a support group (ex.: Alcoholics Anonymous)?  Yes  No  
 If yes, please give details: \_\_\_\_\_  
 \_\_\_\_\_

I declare that the above information is true and complete and acknowledge that it shall form part of my insurance application with Assumption Life.

\_\_\_\_\_  
 Signature of the person to be insured (parent or legal guardian if a minor) Date