

DRUG QUESTIONNAIRE

Name

Application Number

This questionnaire will form part of the application. If you do not understand any question please ask your financial adviser or contact us on 0300 123 3203 and ask for further information.

1. Please provide details regarding previous and/or current drugs use by fully completing the table below

	Have you used this type of drug?	Dates used	Frequency of use
Opiates, e.g. Heroin, methadone, morphine			
Barbiturates, e.g. amytal, tuinal			
Sedatives, e.g. heminevrin			
Amphetamines, e.g. benzedrine, bexedrine			
Cocaine			
Hallucinogens, e.g. LSD			
Cannabis, e.g. marijuana, hashish			
Others? (please specify)			

2.	Have you ever taken drugs intravenously? If so, when?

3.	Have you required medical advice or detoxification regarding your drug use? If yes please provide details.

4.	Have you suffered from any impairments associated with drug usage, e.g. Hepatitis B/C, mental illness etc? If yes please provide details.

I declare that the answers I have given are, to the best of my knowledge true.

I understand that failure to answer the above questions truthfully and accurately will very likely mean that a claim will be declined and the policy cancelled.

Signature: _____ Date: _____

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