



**Banner Life Insurance Company**  
 3275 Bennett Creek Avenue  
 Frederick, Maryland 21704  
 (800) 638-8428

## Alcohol/Drug Usage Questionnaire Supplement to Application

Supplement to application for life insurance on the life of \_\_\_\_\_

1. Do you presently use alcoholic beverages?     Yes     No  
 If "Yes", please advise:  
 Frequency: (Daily/Weekly) \_\_\_\_\_  
 Type: (Beer/Wine/Liquor) \_\_\_\_\_  
 Number of Drinks (or ounces) \_\_\_\_\_
  
2. Have you ever consumed more alcohol than at present?     Yes     No  
 If "Yes", please advise: When: \_\_\_\_\_  
 Frequency: (Daily/Weekly) \_\_\_\_\_  
 Type: (Beer/Wine/Liquor) \_\_\_\_\_  
 Number of Drinks (or ounces) \_\_\_\_\_
  
3. Why did you change your drinking habits? \_\_\_\_\_  
 \_\_\_\_\_
  
4. Have you ever used amphetamines, barbiturates, cocaine, heroin, crack, marijuana, LSD, PCP, or other illegal, restricted or controlled substances, except as prescribed by a licensed physician?  
 Yes     No  
 If "Yes", please provide date of use:    From: \_\_\_\_\_    To: \_\_\_\_\_  
 Name of Drug used: \_\_\_\_\_  
 Amount and Frequency of use: \_\_\_\_\_
  
5. Have you ever had employment, financial or family problems as a result of your alcohol/drug use?  
 Yes     No  
  
 If "Yes", please provide complete details: \_\_\_\_\_  
 \_\_\_\_\_
  
6. Have you ever been charged with driving under the influence or had any other traffic violation(s) and/or accident(s) where alcohol or drug use was involved?     Yes     No  
 If "Yes", please provide complete details: \_\_\_\_\_  
 \_\_\_\_\_
  
7. Have you ever consulted a physician, received treatment or advice or been hospitalized because of your alcohol and/or drug use?     Yes     No  
 If "Yes", please provide date, hospital or treatment center and physician's names and addresses: \_\_\_\_\_  
 \_\_\_\_\_
  
8. Have you ever participated in a self-help group, such as Alcoholics or Narcotics Anonymous?  
 Yes     No  
 If "Yes", please provide name of self help group: \_\_\_\_\_  
 How frequently did you attend? \_\_\_\_\_
  
9. Please use the space below to provide any additional information you feel would help us in evaluating your application: \_\_\_\_\_  
 \_\_\_\_\_

I hereby declare that the above statements are complete and true to the best of my knowledge and belief, and I agree that they shall form part of my application for insurance.

Signature of Proposed Insured: \_\_\_\_\_    Witness: \_\_\_\_\_

Date: \_\_\_\_\_