HUMANIA ASSURANCE MD®

Drug use questionnaire

Identification

Policy/Application No.:

Last name of person to be insured:

First name of person to be insured:

Date of birth: year / month / day

Section Drug use

1. When (date) did you start using drugs?

2. Give the reasons motivating such use:

3. Using the following table, list the drugs you have used in the past or are presently using:

a) Opium (op) Héroin, (came, junk, horse, H, smack) morphine, codeine, Demerol, Methadone — Yes ☐ No ☐

b) Barbiturates (goof balls, downers, barbs, reds, yellow jackets, candy, etc.) Amytal, Phenobarbital, Deconal, Nembutal, Pentobarbital — Yes ☐ No ☐

c) Marijuana (mari, pot, grass, weed, joint, haschisch, cannabis, hemp, etc.) — Yes ☐ No ☐

d) Amphetamines (speed, uppers, pep pill, wake-up pills, etc.) Benzedrine, Dexedrine, Methedrine — Yes ☐ No ☐

e) Cocaine — Yes ☐ No ☐

f) Hallucinogens: mescaline, LSD (acide), DMT, peyote, psilocybin — Yes ☐ No ☐

g) Others: — Yes ☐ No ☐

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Drug use (... continued)

4. For every "Yes" answer, give the following details:

Type	Dose or quantity	Frequency of use	Duration

5. Have you ever been treated for drug use? Yes ☐ No ☐

If so, give the dates, name and address of physicians or institutions consulted:

6. If you are no longer using drugs, why did you stop?

7. Do you intend to use drugs in the future? Yes ☐ No ☐

8. Please give any additional information you deem important:

I, the undersigned, declare that the above answers are true and complete and shall form part of my application for insurance with Humania Assurance.

Signed at: Date: year / month / day

Signature of person to be insured (If under 18 years old, signature of father, mother or guardian)

Signature of Witness

Humania Assurance Inc., 1555 Girouard Street West, PO Box. 10000, Saint-Hyacinthe (Quebec) J2S 7C8

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