

Identification

Policy number:

Last name of the person to be insured:

First name of the person to be insured:

Date of birth: / /
year / month / day

Drug use Section

1. Are you currently using drugs or have you used drugs in the past? Yes No

If yes, please provide details:

Type of Drug(s)	Dose or Quantity	Consumption Method	Frequency of use	Date of first use	Date of last use
Opium (op), Heroine (came, junk, horse, H, smack), morphine, codeine, demerol, methadone					
Barbiturates (goof balls, downers, barbs, reds, yellow jackets, candy, etc.), amytal, phénoarbital, deconal, nembital, pentobarbital					
Marijuana (mari, pot, grass, weed, joint, hashish, cannabis, hemp, wax, shatter etc.)					
Amphetamines (speed, uppers, pep, pill, wake up pills, etc.), benzedrine, dexedrine, methedrine					
Cocaine					
Hallucinogens, mescaline, LSD (acid), DMT, peyote, psilocybin					
Others					



Drug use Section (continued)

2. Provide the reasons motivating such use: _____

3. Are you currently using or have you ever used drugs for medical purposes (under prescription or not)? Yes No

If yes, please provide details:

Type of Drug	Dose or Quantity	Consumption Method	Frequency of use	Date of first use	Date of last use

4. Have you ever consulted a doctor, recommended for or received treatment or counselling (i.e. Narcotics Anonymous or any similar organization) for drug abuse?

Yes No **If yes**, please provide details: _____

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

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

7. 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.

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: _____