

AMERICAN INCOME LIFE INSURANCE COMPANY

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www.aillife.com

DRUG QUESTIONNAIRE

INSURED'S NAME _____ APPLICATION NUMBER _____

HAVE YOU EVER USED STREET DRUGS OR ABUSED PRESCRIPTION DRUGS? YES ☐ NO ☐

DRUG USED	DATE BEGAN	CURRENT USE OR DATE DISCONTINUED
_____	_____	_____
_____	_____	_____
_____	_____	_____

** COMPLETE THE FOLLOWING FOR MARIJUANA IF USED WITHIN LAST 2 YEARS.

- ☐ DAILY USE
- ☐ 3 TO 4 TIMES PER WEEK
- ☐ 1 TO 2 TIMES PER WEEK
- ☐ LESS OFTEN THAN 1 TIME PER WEEK

HAVE YOU EVER USED INTRAVENOUSLY INJECTED DRUGS? YES ☐ NO ☐

IF YES, INDICATE TYPE OF DRUG USED. _____

HAVE YOU EVER BEEN TREATED FOR DRUG ABUSE? YES ☐ NO ☐

IF YES, TREATMENT DATE. _____

HAVE YOU EVER BEEN TREATED FOR ALCOHOL ABUSE? YES ☐ NO ☐

IF YES, COMPLETE ALCOHOL USE QUESTIONNAIRE ALSO.

X _____
(PROPOSED INSURED'S SIGNATURE)

X _____
(DATE)

