

Alcohol Use Questionnaire

First Name :	
Policy Number :	:

Last Name : ______ Date of Birth : ______

1. Do you presently consume alcoholic beverages?

Amount	Wine (glasses)	Beer (bottles)	Liquor (ounces)
Daily			
Weekly			
Monthly			
Yearly			

2. Did you ever consume more than outlined in question 1?

AmountWine (glasses)Beer (bottles)Liquor (ounces)DailyWeeklyMonthlyYearly

3. If you have answered "yes" to question 2, please complete the following:

- a) date and reason for reducing your alcohol consumption: _____
- b) date and reason for discontinuing alcohol consumption: ____
- 5. Have you ever lost your job, been charged with impaired driving, or been arrested due to the influence of alcohol? If yes, please give details: ______
- 6. Are you an active member of a support group (ex.: Alcoholics Anonymous)?

I declare that the above information is true and complete and acknowledge that it shall form part of my insurance application with Assumption Life.

Signature of the person to be insured (parent or legal guardian if a minor)

Date

Yes No

Yes No