

Form Med 07 - Supplementary Questionnaire Drugs

Full Name: _____ **Date of Birth:** _____

Please remember that failure to answer the relevant questions fully may affect the underwriting decision and therefore terms offered may be amended or withdrawn.

1. Have you ever used any of the following drugs or substances other than for treatment of a medical condition under the supervision of a member of the medical profession?

- | | | |
|--|------------------------------|-----------------------------|
| a) Opiates (Narcotics), ie: heroin, methadone, morphine, pethidine, "smack", etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Barbiturates, ie: amytal, tuinal, "downers", etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Sedatives, ie: heminevrin, diazepam, etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Amphetamines, ie: Benzedrine, "ecstasy", "speed", "uppers", etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) Cocaine, ie: "crack", "coke", "snow", etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f) Hallucinogens, ie: LSD, "Angel Dust", "acid", etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g) Cannabis, ie: marijuana, "hashish", "pot", "ganja", etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h) Solvents, ie: glue, aerosols etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| i) Others | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answer Yes to any of the above, please give full details of dates, drugs used and treatment given:

From:	To:	Drug(s) used:	Treatment:	From:	To:

2. Please give the name(s) and contact details of any doctors attended for supervision/detoxification.

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3. Are you now drug/substance free?

Yes No If **yes**, please state since when; if **no** give full details:

4. Have you ever suffered from any impairments associated with drug/substance usage? (ie: hepatitis B, mental illness etc.)

Yes No If **yes**, please give details:

5. Any additional information that may help us to process your application:

Note:
Please ensure your answers given in this questionnaire are, to the best of your knowledge, true and complete and that no information is withheld which may influence the underwriting of the application(s) for Life Assurance, Critical Illness cover, Income or Mortgage Payment Protection. Failure to disclose any material facts known may affect the terms offered. If you fail to provide any of this information or if you mis-state any information this could mean that the terms offered may be amended or withdrawn.
If you are uncertain as to the relevance of any such information please disclose it anyway.