

## Supplementary Questionnaire for Alcohol Use

(to be completed by applicant)

Name of life to be assured

Application No

Date of birth

Date of application

1. Do you currently drink alcohol? Yes  No

If **yes**, please provide details regarding the average number of drinks consumed on a daily, weekly and monthly basis. Please also include the type of alcohol and size of your drinks:

Type	Number of drinks (include drink size)		
	Daily	Weekly	Monthly
Beer			
Wine			
Spirits/Liquor			

2. a) Did you ever drink more than the amounts listed above? Yes  No

If **yes**, please provide details:

Type	Number of drinks (include drink size)		
	Daily	Weekly	Monthly
Beer			
Wine			
Spirits/Liquor			

b) Between what dates did you drink these amounts?

3. At what age were you when you first started drinking alcohol?

4. When did you last drink alcohol?

5. Have you suffered any complications or health problems as a result of alcohol use? Yes  No

If **yes**, please provide details:


6. Have you ever received medical treatment for excessive alcohol consumption, e.g. Antabuse.

Yes  No

If **yes**, please provide details:


7. Have you ever been advised to reduce or discontinue your alcohol consumption?

Yes  No

If **yes**, please provide details:


8. a) Have you ever been referred for counselling or treatment, or required hospitalisation related to alcohol consumption?

Yes  No

b) Have you ever attended Alcoholics Anonymous?

Yes  No

If **yes**, please provide details including dates and the name and address of doctors and/or clinics:


9. Have you ever been charged and/or convicted for any alcohol related offences (including driving offences)?

Yes  No

If **yes**, please provide details:


10. Have you ever encountered work problems due to alcohol use?

Yes  No

If **yes**, please provide details:


11. Please state name and address of your attending doctor:


## Disclaimer

I declare that the answers I have given are to the best of my knowledge, true and complete and that I have not withheld any material information that may influence the assessment or acceptance of my application.

I agree that this questionnaire is part of the application on my life and I agree to notify the insurer of any changes in my circumstances or health between completing this questionnaire and commencement of the policy.

Signature of life to be assured

Date