

# DRUG USAGE QUESTIONNAIRE

Acceptational Life™ is insured and underwritten by Co-operators Life Insurance Company and is distributed by Hunter McCorquodale and its contracted sales advisors.

## PROPOSED LIFE INSURED

Name \_\_\_\_\_  
First Name Initial Last Name

Date of Birth \_\_\_\_\_  Male  Female Height \_\_\_\_\_  ft/in  cm Weight \_\_\_\_\_  lbs  Kg Smoker  Yes  No  
MMM/DD/YYYY

## QUESTIONNAIRE

1. Are you now using or have you in the past used the following drugs:
  - a. Painkillers: Heroin, Morphine, Demerol, Methadone, Percodan, Percocet, Oxycet, Talwin, Meperidine, Codeine, Fentanyl etc.  Yes  No
  - b. Sedatives, Tranquilizers (Downers): Valium, Ativan, Clonazepam, etc.  Yes  No
  - c. Marijuana, Hashish, Cannabis, etc.  Yes  No
  - d. Amphetamines, Stimulants: Bensedrine, Dexedrine, Methedrine, Ecstasy, Ice, Ritalin, etc.  Yes  No
  - e. Cocaine, Crack, etc.  Yes  No
  - f. Hallucinogens: LSD, DMT, Mescaline, MDA, Peyote, Psilocybin (magic mushrooms) etc.  Yes  No
  - g. IV Drug use  Yes  No
  - h. Solvents: Glue, Gasoline, Aerosols, etc.  Yes  No
  - i. Any other drug use other than as described above? \_\_\_\_\_

2. If yes, please give details:

Name of Drug or Substance	Duration of Use		Usage	
	From (MMM/YYYY)	To (MMM/YYYY)	Usual Quantity Used per Occasion	Frequency
				Per: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
				Per: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
				Per: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

3. Have you ever sought, or been advised to seek treatment, counselling or advice, or attended any rehabilitation program regarding the use of drugs?  Yes  No  
 If yes, please state dates and names of doctors, institutions, etc. consulted \_\_\_\_\_

4. Have you ever attended a meeting of Narcotics Anonymous, Alcoholics Anonymous, or any similar organization?  Yes  No

If yes:

a. Did you join?  Yes  No

If yes, when? \_\_\_\_\_  
MMM/YYYY

b. How often do you attend meetings? \_\_\_\_\_

c. Have you used drugs since?  Yes  No

If yes, provide details including date \_\_\_\_\_

5. Have you ever suffered from any health conditions or injuries associated with drug use?  Yes  No

If yes, provide full details \_\_\_\_\_

6. Have you ever consulted an emergency room or been hospitalized as a result of drug use?  Yes  No

If yes, please advise date(s), reason(s) and name and address of hospital(s) \_\_\_\_\_

7. Have you lost any time from work as a result of drug use?  Yes  No

If yes, please provide full details including dates and duration of time off work \_\_\_\_\_

8. Have you ever been arrested, charged, or convicted of any offence related to drug or alcohol use?  Yes  No

If yes, provide full details including date(s), charge(s) or conviction(s), outcome and penalty(ies) \_\_\_\_\_

**Co-operators Life Insurance Company Privacy Statement**

The Co-operators is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

At The Co-operators, we recognize and respect the importance of privacy. When you enrol for insurance coverage or submit a claim, we establish a confidential file and collect, use and disclose your personal information for the purposes of issuing, administering, adjudicating and/or servicing your insurance. You may access and correct, if needed, the personal information in your file by sending us a request in writing.

We limit access to your personal information to our staff and other persons we have authorized who have a need to know it to perform their duties. Our systems and procedures are designed to prevent the loss, misuse, unauthorized access, disclosure, alteration, or destruction of your information. Our commitment to security extends to the contracts and agreements we sign with external suppliers and service providers. We may store or process your personal information in Canada, the United States or other countries for processing, storage, analysis or disaster recovery and, under applicable law, governments, courts, law enforcement or regulatory agencies, may, by lawful order, obtain disclosure of your personal information. You can find more details about The Co-operators privacy policy at [www.cooperators.ca](http://www.cooperators.ca). If you have any questions regarding our privacy policies or about the collection, use and disclosure of your personal information, please contact our Privacy Officer at The Co-operators at Priory Square, Guelph, ON, N1H 6P8, Tel: 1-888-887-7773, E-mail: [privacy@cooperators.ca](mailto:privacy@cooperators.ca) (please include The Co-operators company you deal with in your inquiry).

If you do not agree with our use and disclosure of your information in connection with your application and servicing any policy that we issue, we will not be able to offer you the insurance product you are interested in, service your insurance or adjudicate your claim.

I declare and certify that the above information is true and complete and shall form part of my Application. I understand the personal information provided on this form will be used by Co-operators Life Insurance Company for underwriting purposes, and for any other lawful purpose in accordance with applicable federal and provincial laws. I also understand that Co-operators Life Insurance Company is relying on the information I have provided and if I have misrepresented any information, that Co-operators Life Insurance Company will be entitled to void my policy(ies).

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
MMM/DD/YYYY