



THE LAFAYETTE LIFE INSURANCE COMPANY
 1905 Teal Road, P.O. BOX 7007
 Lafayette, Indiana 47903
 1-800-243-6631 FAX: 888-558-9329
 E-Mail: IndividualOperations@llic.com

**SUPPLEMENT TO APPLICATION
 DRUG USAGE QUESTIONNAIRE**

PROPOSED INSURED

DATE OF BIRTH

1. Are you now using or have you ever used:

- a. Opium derivatives: Heroin, Morphine, Demerol, Methadone or others
- b. Barbiturates: Amytal, Phenobarbital, Seconal, Nembutal, Pentobarbital or others
- c. Marijuana: Hashish, Cannabis or others
- d. Amphetamines: Benzedrine, Dexedrine, Methedrine or others
- e. Cocaine
- f. Hallucinogens: LSD, DMT, Mescaline, Peyote, Psilocybin or others
- g. Other

YES	NO

2. If yes, please give details:

Type of drug	Usual quantity	Frequency of use	Dates	
			From	To

- 3. Have you ever sought or received any advice or medical treatment for drug usage?
 If yes, state dates and names of doctors, counselors, and/or institutions consulted in space provided below.
- 4. Have you ever been arrested for or convicted of any offense involving use or possession of drugs?
 If yes, please provide details of dates and sentencing in space provided below, including dates of arrests and/or convictions.
- 5. Are you currently, or have you been a member of Narcotics Anonymous or any support group associated with treatment for drug usage?

YES	NO

Please provide details to any "Yes" answers above.

To the best of my knowledge and belief all the statements and answers to the above questions are complete and true, and I agree that they shall form a part of my application for insurance.

Signed at State of this day of yr

Signature of Witness

Signature of Proposed Insured