

# Drug questionnaire



Policy no.
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Evidence no. (For H.O. use only) E #
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Proposed insured's first name	Middle initial	Last name	Date of birth (dd-mm-yyyy)
Advisor's first name	Middle initial	Last name	Advisor's no.

1. Have you **ever** used cocaine, heroin or other narcotics, sedatives, tranquilizers, amphetamines, LSD or other hallucinogens, marijuana or hashish?  Yes  No If 'yes', provide details in the chart below.

Type of drug(s)	Amount used	How often per month	Date first used (dd-mm-yyyy)	Date last used (dd-mm-yyyy)
			- -	- -
			- -	- -
			- -	- -
			- -	- -

2. Have there been any episodes of adverse reaction?  Yes  No If 'yes', provide details in the box below.


3. a) Have you **ever** consulted a physician or been hospitalized due to your use of drugs?  Yes  No

b) Have you **ever** attended any rehabilitation program for drug usage?  Yes  No

If 'yes', give dates of treatment and the names and addresses of doctors and hospitals/institutions visited in the box below.


4. a) Indicate the date you last used drugs: 

Date (dd-mm-yyyy)
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b) Are you still using any type of drug?  Yes  No If 'yes', provide details in the box below.


5. Have you **ever** been convicted of a drug-related offence?  Yes  No

If 'yes', provide the date and description of the offences in the box below.


**Declaration:** I declare that the answers and statements to all of the questions are complete and true and shall form part of my application for insurance on my life with the Sun Life Assurance Company of Canada (company). I understand that if I do not completely and truthfully answer all of the questions (if I misrepresent my answers or statements) the company may void the policy.

Location signed (city)	Location signed (province)	Date (dd-mm-yyyy)	Signature of proposed insured
		- -	X

Please submit only one copy of this document.

Career Sales Force advisors: Original or fax toll-free to 1-866-487-4745.

All others: Through your MGA or National Account.