

Alcohol usage questionnaire



Evidence no. (For H.O. use only)
E #

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. a) How many alcoholic drinks do you usually have in a week?
- b) How long have you been drinking to this extent? Less than 6 months 6-24 months
 2-5 years More than 5 years
- c) How often do you drink alcoholic beverages? Daily or almost daily Mostly on weekends
 Other _____

2. Have you **ever** been advised to reduce your alcohol consumption? No Yes
If 'yes' provide details.

First name of doctor who completed records	Last name	Date last seen (dd-mm-yyyy)
Address (street number and name)	Apartment or suite	City
	Province	Postal code

3. Indicate average number of drinks per week when advised to reduce consumption:
 0-12 drinks 13-24 drinks 25-50 drinks More than 50 drinks

4. Have you received medical treatment for drinking/alcoholism or attended a rehabilitation centre? No Yes
If 'yes' provide details.

Name and address of institution	Date (dd-mm-yyyy)
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5. a) Are you a member of Alcoholics Anonymous (AA)? No Yes
b) Do you attend meetings regularly? No Yes
6. Has your driver's licence **ever** been suspended or revoked for any reason? No Yes If 'yes' provide details.

Date(s) suspended	Offence

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
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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.

Policy no.

For SLF use:
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