

Drug questionnaire

Policy number

Evidence number (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 number

1. Have you **ever** used marijuana or hashish, cocaine, LSD, ecstasy or other psychoactive drugs, heroin, fentanyl or other narcotics, anabolic steroids or other performance enhancing drugs? Yes No If 'yes', provide details in the chart below.

Product(s) (Indicate all that apply.)	Amount(s) and frequency of use	Date last used (dd-mm-yyyy)
<input type="checkbox"/> marijuana or hashish mixed with tobacco		
<input type="checkbox"/> marijuana or hashish without tobacco		
<input type="checkbox"/> other: _____		
<input type="checkbox"/> other: _____		

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.

Date (dd-mm-yyyy)

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

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