

Alcohol Use Supplement (Supplement to Application)



Genworth Life Insurance Company (GLIC) • Genworth Life and Annuity Insurance Company (GLAIC)
[700 Main Street • Lynchburg, VA 24504]

1. Proposed Insured

Please print all answers

a. Full Name _____ b. Date of Birth (Mo. Day Yr.) _____

2. Alcohol Use

a. Do you presently use alcoholic beverages? Yes No

(1) If "No," give date of last drink _____

(2) If "Yes," give quantity:

	Beer (Cans)	Wine (Glasses)	Liquor (Ounces)
Daily			
Weekly			

b. Did you ever drink more than as stated in 2.a. above? If "Yes," give time period, quantity, and reason for change Yes No

(1) Time Period: From _____ To _____

(2) Quantity:

	Beer (Cans)	Wine (Glasses)	Liquor (Ounces)
Daily			
Weekly			

(3) Reason for change: _____

c. Are you an active member of an alcohol use recovery group such as Alcoholics Anonymous? Yes No

If "Yes," how long? _____

d. Have you ever joined and then left an alcohol use recovery group? If "Yes," give reason. Yes No

e. Have you ever consulted a physician, or received or been advised to receive treatment, because of alcohol use? Yes No

If "Yes," give name and address of any physician, hospital or treatment center and dates of treatment directly below.

Name and Address of Physician or Hospital/Treatment Center	Dates

f. Are you presently taking, or have you ever taken, Antabuse, Naltrexone (Re Via), or any other medication to control your drinking? Yes No

If "Yes," give date last used and name of physician who prescribed it directly below:

Medication	Date Last Used	Prescribed By

g. Have you ever been convicted of driving under the influence of alcohol? Yes No

If "Yes," give date(s): _____

h. Have you ever used any other drugs, except over-the-counter drugs or those prescribed by a physician? Yes No

(If "Yes," complete Drug Use Supplement.)

3. REMARKS (Identify applicable item number and letter.)

I represent that the statements and answers given in the application are true, complete, and correctly recorded to the best of my knowledge and belief. I further agree that: (1) I will notify the Insurer if any statement or answer given in the application changes prior to policy delivery; and (2) **except as provided in the Temporary Insurance Application and Agreement, if any, insurance will not begin unless all persons proposed for insurance are living and insurable as set forth in the application at the time a policy is delivered to the Owner and the first modal premium is paid.**

Signature of Proposed Insured _____

Date _____