

SUPPLEMENT TO APPLICATION  
ALCOHOL USAGE QUESTIONNAIRE

- ReliaStar Life Insurance Company, Minneapolis, MN
- Security Life of Denver Insurance Company, Denver, CO
- For Policyowner Service Use Only:**
- ING USA Annuity and Life Insurance Company, Des Moines, IA
- Midwestern United Life Insurance Company, Fort Wayne, IN

Administrative Office  
for all Companies:  
ING Service Center  
2000 21st Ave. NW  
Minot, ND 58703

Name of Proposed Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Do you presently use alcoholic beverages? .....  Yes  No

If "Yes", quantity (ounces):

	Beer	Wine	Liquor
Daily			
Weekly			

2. Did you ever drink substantially more than at present? .....  Yes  No

If "Yes", quantity (ounces):

	Beer	Wine	Liquor
Daily			
Weekly			

Why did you change your drinking habits?  
\_\_\_\_\_

3. Have you ever consulted a physician or received treatment or advice or been hospitalized because of your alcohol use? .....  Yes  No

List dates, hospitals, treatment centers, and physicians' names and addresses.  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been arrested for driving while under the influence of alcohol? .....  Yes  No

5. Are you now a member of AA? .....  Yes  No

Have you attended and then left AA? .....  Yes  No

Reason  
\_\_\_\_\_  
\_\_\_\_\_

6. How long have you totally abstained from alcohol usage?  
\_\_\_\_\_

7. Please add any additional information which you feel is important concerning your use of alcohol before and/or after treatment.  
\_\_\_\_\_  
\_\_\_\_\_

I have read the above questions and answers. I affirm that they are complete and true to the best of my knowledge and belief. I agree that this questionnaire is a part of my application for life insurance.

Signature of Proposed Insured \_\_\_\_\_

Dated at \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_  
City/State Month Day Year

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## NOTICE:

**For Applicants in all States except for Colorado, District of Columbia, Florida, Kentucky, Louisiana, New Jersey, New Mexico, Ohio, Pennsylvania, Tennessee and Virginia.**

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files an application, statement or claim containing false, incomplete or misleading information may be guilty of insurance fraud.

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### THE LAWS OF THE FOLLOWING STATES REQUIRE THAT WE PROVIDE THESE NOTICES:

#### COLORADO:

**It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or its agent who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.**

#### DISTRICT OF COLUMBIA:

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

#### FLORIDA :

**Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**

#### KENTUCKY AND OHIO:

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

#### LOUISIANA:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### NEW JERSEY:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

#### NEW MEXICO:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

#### PENNSYLVANIA:

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

#### TENNESSEE:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

#### VIRGINIA:

Any person who with intent to defraud, or knowing that he is facilitating a fraud against an insurer, submits an application, statement or files a claim containing false, or deceptive statement may have violated the law.