

SUPPLEMENT TO APPLICATION
DRUG USAGE STATEMENT

- 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. Have you ever used, or do you now use: | Yes | No |
| a. Opiates (codeine, heroin, methadone)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Barbiturates (amytal, phenobarbital)? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Non-Barbiturates (placidyl, doriden)? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Amphetamines (benzedrine, dexedrine, preludin)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Anticholinergics (belladonna, bromides, or cocaine)? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Hallucinogens (LSD, peyote, psilocybin)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Cannabis (marijuana, hashish)? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain

2. Have you changed your pattern of drug use? Yes No
If "Yes", why?

3. Have you ever consulted a physician or received treatment or advice or been hospitalized for this use? Yes No
List dates, hospitals, treatment centers, and physicians' names and addresses

4. Have you ever been arrested in connection with drug use or possession? Yes No
Explain

5. How long have you totally abstained?

6. Please add any additional information which you feel important to explain your situation.

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 _____ Day _____ 20____ Year

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.

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.