

AMERUS

Life Insurance Group

AmerUs Life Insurance Company
611 Fifth Avenue, Des Moines, Iowa 50309
800/800-9882

Indianapolis Life Insurance Company
P.O. Box 14590, Des Moines, Iowa 50306
800/428-7031

Alcohol Use Questionnaire

Please check appropriate company. One box must be checked.

Policy _____

Proposed Insured _____ Date of Birth _____

A. PAST USE OF ALCOHOL AND DRINKING HABIT

- Did your use of alcohol ever cause business, family, medical or social problems?
If Yes, please explain in G. _____ Yes No
- Have you ever been arrested for driving while intoxicated? If Yes, give details and Driver License No. in G. _____ Yes No
- How long have you used alcohol? _____ Years
- For what period of time did you drink excessively? From: _____ to: _____
- What did you drink, how much and how often?

| | | | |
|------------|-------|--------|-------|
| | Beer | Liquor | Wine |
| a) Daily | _____ | _____ | _____ |
| b) Weekly | _____ | _____ | _____ |
| c) Monthly | _____ | _____ | _____ |
- Approximate date you quit drinking: _____
- Did you use drugs along with alcohol? If Yes, give details in G. _____ Yes No

B. WHY DID YOU CHANGE OR QUIT YOUR DRINKING HABIT? _____

C. HAS TREATMENT EVER BEEN RECOMMENDED BY A PHYSICIAN OR OTHER HEALTH CARE PROVIDER? _____ Yes No

D. IF TREATMENT WAS RECEIVED, INDICATE:

- When: _____
- Where: _____

| | |
|------|---------|
| Name | Address |
|------|---------|
- Nature or Type: _____
- Attending Physician: Name _____ Address _____
- Medication(s) received: _____

E. RELATED INFORMATION

- Are you now an active member or participant in a support group? _____ Yes No
- Do you have a sponsor? _____ Yes No
- Have you had a relapse(s) since joining the support group? If Yes, give details in G. including date(s) _____ Yes No

F. PRESENT USE OF ALCOHOL

- Do you now drink any alcoholic beverage(s)? _____ Yes No
- If "yes," Describe: (a) Beer Liquor Wine
 (b) Daily Weekly Monthly
 (c) Amount: _____

G. ADDITIONAL INFORMATION, COMMENTS OR EXPLANATION (Attach additional sheets of paper if necessary)

The above statements and answers are complete and true to the best of my knowledge and belief and will be the basis for and a part of any policy issued or in force.

Date _____ Signature of Insured _____

Agent's Name (please print) _____

Agent's Signature _____ Agent's Telephone No. _____
 Area Code _____

