

# 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

## Drug Questionnaire

Please check appropriate company. One box must be checked.

Policy \_\_\_\_\_

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

1. In the past 5 years, have you used:
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| (a) barbiturates, sedatives or tranquilizers habitually?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) LSD, cocaine, marijuana, or any amphetamine?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) heroin, morphine, or other narcotic drug?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) designer drug, street drug, or other non-prescription drug not listed above? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, give details:

Type	How Often Used	Dosage or Amount Used	Dates Used	
			From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. (a) Has drug treatment ever been recommended by a physician or other health care provider?  Yes  No

(b) If treatment received, when? \_\_\_\_\_

where? \_\_\_\_\_

name \_\_\_\_\_

address \_\_\_\_\_

nature of treatment? \_\_\_\_\_

name of attending physician? \_\_\_\_\_

3. Are you now an active member or participant in a support group?  Yes  No

4. Are you now drug free?  Yes  No

If yes, state date of last use \_\_\_\_\_

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 \_\_\_\_\_



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